

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000014876

1. Corporation Name

RHODES BUILDING & REMODELING CORPORATION

Principal Place of Business

1114 LONDON STREET
BRANDON FL 33510

Mailing Address

1114 LONDON STREET
BRANDON FL 33510

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

14907 N. FLORIDA AVE

Suite, Apt. #, etc.

14907 N. FLORIDA AVE

City & State

Tampa

City & State

Tampa

Zip

33613

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

5. FEI Number

59-2380289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RHODES, MITCHELL	1114 LONDON STREET	BRANDON FL 33510

500005258945--9

-04/12/02--01115--012

***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, TERENCE S
2506 AZEELE STREET
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Terence S Moore
Denny Mitchell Rhoads

REGISTERED AGENT MUST SIGN

Date

3-20-02

Feb 24, 02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Denny Mitchell Rhoads

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 24, 02

Daytime Phone #

B

2 of 2

CUSTOM OUTDOOR KITCHENS

14907 N. FLORIDA AVE.

TEL.(813) 908-6916

FAX(813) 908-0784

FLORIDA DEPARTMENT OF STATE

I HAVE NOT RECEIVED ANY NOTICE OF FEES OWED. I WAS
UNAWARE THAT I WAS SUSPOSED TO PAY ANY OTHER ADDITIONAL
MONEY THAN THE INITIAL FEES. WE DID NOT RECEIVE ANY
DOCUMTATION.ON.ANNUAL FEES.OR.ADDITIONAL CHARGES.WE WOULD
LIKE NOTHING MORE THAN TO BE REINSTATED AS A CORPERATION. WE
WILL BE PROMPT WITH PAYMENTS AND UPHOLD ANY OTHER RULES OF
THE DEPARTMENT OF THE STATE OF FLORIDA.

MITCHELL RHODES