

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 JAN 20 AM 10:41

DOCUMENT # P000000014876

1. Corporation Name

RHODES BUILDING & REMODELING
CORPORATION

REINSTATEMENT 03-04

2. Principal Office Address

1114 LONDONWOOD ST

Suite, Apt. #, etc.

3. Mailing Office Address

1114 LONDONWOOD ST

Suite, Apt. #, etc.

City & State

BRANDON

City & State

BRANDON

Zip

33510

Country

HILLBOURNE

Zip

33510

Country

HILLBOURNE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-238-0289

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH S. LANE

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

4409 CULBERTSON AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

1-14-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	HENRY MITCHELL RHODES	1114 LONDONWOOD	BRANDON FL. 33510

10. 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:

Henry Mitchell Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 14.04.

Daytime Phone #

813-908-6916

CR2001 (1/02)