

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVEE
AND
FILED

05 MAR -7 PM-3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000022075**

1. Corporation Name

Parramore Surplus, Inc.

2. Principal Office Address

11133 Blue Star Hwy

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip Country

32351 USA

3. Mailing Office Address

11133 Blue Star Hwy

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip Country

32351 USA

REINSTATEMENT 03-05
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-3-2000

5. FEI Number

59-261 8346

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

Bonnie R. Parramore **400048399954**

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

11133 Blue Star Highway

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Bonnie R. Parramore

Date

3/2/05

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
D/P	Bonnie R. Parramore	11133 Blue Star Hwy	Quincy, FL 32351
D/P	Houston A. Parramore	11133 Blue Star Hwy	Quincy, FL 32351

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:

Bonnie R. Parramore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/05 850-856-5421

Daytime Phone #

CR2E081 (01/05)