

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 OCT 13 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069969

**1. Corporation Name**

Dick + Dixie Sells, Inc.

**2. Principal Office Address**

1545 Ancroft Ct.

Suite, Apt. #, etc.

**City & State**

Trinity

**Zip**

34655

**Country**

USA

**3. Mailing Office Address**

1545 Ancroft Ct.

Suite, Apt. #, etc.

**City & State**

Trinity, FL

**Zip**

34655

**Country**

USA

CR2E081 (12/05)

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

**5. FEI Number**

59-3659752

**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**

Richard A. Sells, Sr.

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

1545 Ancroft Ct.

**Suite, Apt. #, Etc.**

**City**

Trinity

**State**

FL

**Zip Code**

34655

**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

Richard A. Sells, Sr.

Date 10/9/06

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
President	Richard A Sells	1545 Ancroft Ct	Trinity, FL 34655
V.P.	Dixie D. Sells	1545 Ancroft Ct	Trinity, FL 34655

400080818174  
10/13/06--01011--024 \*\*900.00

B 10/19/06

REINSTATEMENT 01-06

**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 contained in Chapter 119, 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:**

Richard A. Sells, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02

Date

727-815-7800

Daytime Phone #

pg 2 of 2

**Dick & Dixie Sells, Inc.**

1545 Ancroft Ct.

Trinity, FL 34655

727-815-7800 727-815-7522 Fax

**As per our conversation, I am sending the reinstatement form  
and ask that the late fees be waived as we have never received  
anything from the state.**

2001

**Thank you for taking care of this matter for me in a timely  
manner.**

**Regards,**



**Richard A. Sells, Sr.**