

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000091461

1. Corporation Name

RUMFORD TRADING CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:29

Principal Place of Business

Mailing Address

3225 S. MACDILL AVE
TAMPA FL 33629

3225 S. MACDILL AVE
TAMPA FL 33629



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3225 S. MACDILL AVE.

Suite, Apt. #, etc.
Suite 123

City & State
Tampa, FL

Zip
33629

Country
USA

3. New Mailing Office Address, If Applicable

3225 S. MACDILL AVE

Suite, Apt. #, etc.
Suite 123

City & State
Tampa, FL

Zip
33629

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2000

5. FEI Number

59-3674249

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCKENZIE, MICHAEL W	3225 S. MACDILL AVE	TAMPA FL 33629
D	MCKENZIE, MICHAEL W	3225 S. MACDILL AVE Suite 123	Tampa, FL 33629
			100004683911--3 -11/15/01--01023--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCKENZIE, MICHAEL W
3225 S. MACDILL AVE
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name
Michael W. McKenzie
Street Address (P.O. Box Number is Not Acceptable)
3225 S. MACDILL AVENUE
Suite, Apt. #, Etc.
Suite 123
City
Tampa
State
FL
Zip Code
33629

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

Michael W. McKenzie
REGISTERED AGENT MUST SIGN

Date

10/26/01

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:

Michael W. McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01 813-839-2521

CR2E040 (8/01)