

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044000

1. Corporation Name

DUVAL GRASSING COMPANY

Principal Place of Business

PO BOX 518  
STARKE FL 32091

Mailing Address

PO BOX 518  
STARKE FL 32091

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/2001

5. FEI Number

59-3715248

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	CRUM, REGINALD B	939 B OAK ST.	STARKE FL 32091
D	CRUM, KENYA L	939 B OAK ST.	STARKE FL 32091

8000008667098

10/29/02--01042--007 \*\*150.00

8. Name and Address of Current Registered Agent

CRUM, KENYA L  
939 B OAK ST.  
STARKE FL 32091

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

SIGNATURE REQUIRED  
Kenya L Crum 10/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (8/02)

DUVAL GRASSING, CO  
P.O.BOX 518  
STARKE, FL 32091  
904-759-9250  
904-966-2423(FAX)

OCTOBER 22, 2002

Florida Department of State  
Jim Smith (Secretary of State)  
Division of Corporation  
P.O. Box 6327  
Tallahassee Florida 32314

Dear Mr. Smith,

I am writing to inform you we never received a notice regarding the uniform business report(UBR). Please waive our reinstatement fee. Enclosed is \$150.00 dollars. In the near future we will send our report in between Januryl and May 1 whether we receive a notice or not. We really need our coporation status to remain active.

Thank you for your consideration

  
Reginald Crum  
President