

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000052113**

1. Corporation Name

**RYALS DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

RT 3 BOX 316  
LAKE CITY FL 32025

RT 3 BOX 316  
LAKE CITY FL 32025



**REINSTATEMENT** - 03 -

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3733944

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	RYALS, VALERIE W	RT 3 BOX 316	LAKE CITY FL 32025
VP	<del>RYALS, CHRIS P</del> RYALS	RT 3 BOX 316	LAKE CITY FL 32025

800024253228  
10/29/03 01053 014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYALS, VALERIE W  
RT 3 BOX 316  
LAKE CITY FL 32025

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

*Chris P. Ryals*  
REGISTERED AGENT MUST SIGN

Date

10-24-03

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)(l), 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:

*Chris P. Ryals*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-03 386-240270

TO: Dept. of STATE, Division of  
CORPORATIONS.

FROM - CHRIS RYALS U.S. Pres  
Ryals Dist.  
Rt. 3, Box 316  
Lake City, FL.  
32025

I'm very sorry BUT I DID  
NOT Receive any thing telling me  
before this about the the amount  
was Due for the CORP I Received  
this on 10-20-03

Could you Please help me with  
this

Thank you

Ch P. Ryals

Ryals Distributor