

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056826

1. Corporation Name

PALMER RIDGE INDUSTRIAL PARK, INC.

Principal Place of Business

6401 KYLIE CREEK WAY  
SARASOTA FL 34240

Mailing Address

6950 Webber Rd.  
SARASOTA FL 34240



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

06/04/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required  
for a Certificate of Status

Zip 34240 Country SARASOTA Zip 34240 Country SARASOTA

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	SIZEMORE, WILLIAM	6950 Webber Rd. Sarasota, FL 34240	SARASOTA FL 34240
D	SIZEMORE, KELLY	6950 Webber Rd. Sarasota, FL 34240	SARASOTA FL 34240

600011880636  
02/05/03--01044--015 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIZEMORE, WILLIAM  
Mr. & Mrs. William Sizemore  
6950 Webber Rd.  
Sarasota, FL 34240

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 11-11-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



Attachment PO1000056826

INVOICE

INVOICE NO.
DATE <u>JAN. 10. 2003</u>
ACCOUNT NO.
YOUR P.O. NUMBER
TERMS
SHIP VIA
FOB
SALESMAN

CUSTOMER

• To Whom it May Concern;

CK # 9657

QTY.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Dear Sir or Madame,		
		Please note that we are requesting reinstatement for our corporation. Our address changed and we did not receive first notice; also we have changed attorneys and could not get a straight answer on our FEI number (they are still "researching our file" - Therefore we request you waive the six hundred dollar fee and reinstate our corporate status when you receive this letter along with the \$300. CK # 9654 for last year's fee as well as this year. Thank You.		
PLEASE PAY FROM THIS INVOICE			SUB TOTAL	
ULTIMATE TREE SERVICE, INC.			TAX	
6950 Webber Rd.			TOTAL	
Sarasota, FL 34240				
NOT RESPONSIBLE FOR DRIVEWAYS, IRRIGATION OR RUTS				

*William R. Sizemore*