

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 23 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000103233**

1. Corporation Name

Rusty Nail Enterprises

100021082631
06/23/03--01080--006 **300.00

2. Principal Office Address

109 Nottingham Lane

Suite, Apt. #, etc.

3. Mailing Office Address

109 Nottingham Lane

Suite, Apt. #, etc.

City & State

Inglis, Florida

City & State

Inglis, Florida

Zip

34449-9708

Country

USA

Zip

34449-9708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2001

5. FEI Number

59-3751352

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

Daniel L. Wetherington

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

109 Nottingham Lane

Suite, Apt. #, Etc.

City

Inglis, Florida

State

FL

Zip Code

34449-9708

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

REGISTERED AGENT MUST SIGN

Date

6-18-2003

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
D/P	Daniel L. Wetherington	109 Nottingham Lane	Inglis Fl. 34449
D/T	Leon E. Wetherington	109 Nottingham Lane	Inglis Fl. 34449

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-18-2003

Daytime Phone #

727-224-8786

CR2E081 (10/02)

6/23

Dan Wetherington

06/18/2003
Florida Department of State
Division of Corporations

Dear Sirs:

Pursuant to my telephone conversation with your customer service representative on today's date, I am requesting waiver of late filing fees and or penalties due to non receipt of filing information. The address as shown on file is incorrect, the corrected address is:

109 Nottingham Lane
Inglis Fl. 34449

I do not know where the 162 Nottingham lane address came from, but certainly the mail was returned to sender.

I thank you for your consideration in this matter. I can be reached by telephone @ 727-224-8786.

Sincerely,


Daniel L. Wetherington