

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 809353

1. Corporation Name

JIM MASSEY, INC.

2. Principal Office Address

531 East South Street

Suite, Apt. #, etc.

City & State

Montgomery, AL

Zip

36104

Country

United States

3. Mailing Office Address

531 East South Street

Suite, Apt. #, etc.

City & State

Montgomery, AL

Zip

36104

Country

United States

REINSTATEMENT 61-03

4. Date Incorporated or Qualified
To Do Business in Florida

4/01/1964

5. FEI Number

63-0483074

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

James B. Massey

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

300 Mary Esther Boulevard

Suite, Apt. #, Etc.

Space #10

City

Mary Esther

State

FL

Zip Code

32569

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

10/13/03

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
Pres	James B. Massey, Jr.	531 East South Street	Montgomery, AL 36104
VP	James B. Massey, III	531 East South Street	Montgomery, AL 36104
VP	John Massey	531 East South Street	Montgomery, AL 36104
Sec/Treas	Mary H. Massey	531 East South Street	Montgomery, AL 36104

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

Daytime Phone #

CR2E081 (10/02)