

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

00 OCT 11 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P11775

1. Corporation Name

OLNEY PAINT COMPANY

Principal Place of Business
2701 Highway 56
Pauline, SC 29374

Mailing Address
c/o L. Elizabeth Gibbs, Esq.
Parker, Poe, Adams & Bernstein, L.L.P.
101 West St. John Stree, Suite 203
Spartanburg, SC 29306

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 Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-0402405

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Addtional 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
CEO/D	Mitchell T. Jolley	2701 Highway 56	Pauline, SC 29374
Pa	B. Leroy Dodson	2701 Highway 56	Pauline, SC 29374
VP (Finance)	John D. Hudgins, Jr.	2701 Highway 56	Pauline, SC 29374
VP (Sales)	Clyde R. Ring	2701 Highway 56	Pauline, SC 29374
S/D	Caleb C. Fort	2701 Highway 56	Pauline, SC 29374
T/D	E. Fort Wolfe, Jr.	2701 Highway 56	Pauline, SC 29374

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name 600003447616--
-11/01/00--01104--017
Street Address (P.O. Box Number is Not Acceptable) ***
City State Zip Code

REINSTATEMENT 49-00

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.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY Date 10/10/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I re-
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all
fees owed by the corporation have been paid. 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:

Mitchell T. Jolley

8/15/00

(864) 583-3011

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7. **Additional Officers:**

Name: Doug Knight
Title: Vice President of Operations
Address: 2701 Highway 56
City: Pauline
State: South Carolina
Zip: 29374

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