

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP 24 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P14524**

1. Corporation Name

**Rollins Dedicated Carriage Services, Inc.**

**REINSTATEMENT 02-04**

**700041366057**  
09/27/04--01006--007 \*\*1102.50

2. Principal Office Address

**3633 Wheeler Rd,**

Suite, Apt. #, etc.

**Suite 350**

City & State

**Augusta, GA**

Zip

**30909**

Country

**US**

3. Mailing Office Address

**3633 Wheeler Rd**

Suite, Apt. #, etc.

**Suite 350**

City & State

**Augusta, GA**

Zip

**30909**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-19-87**

5. FEI Number

**51-0270463**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

**Suite 105**

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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

**Allison Quigley**

**Allison Quigley, Asst. V.P.**

Date **8-31-04**

REGISTERED AGENT MUST SIGN

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
President	Nancy C. Hall	3633 Wheeler Rd, #350	Augusta, GA 30909
Secretary	Robert A. Cunningham	3633 Wheeler Rd, #350	Augusta, GA 30909
C	L. Morgan Hall	3633 Wheeler Rd, #350	Augusta, GA 30909

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:

**Keith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-30-04**

Date

**706-855-1014**

Daytime Phone #

CR2E081 (01/04)