

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29458**

1. Corporation Name

PARTRIDGE-SIBLEY INDUSTRIAL SERVICES, INC.

Principal Place of Business

2076 HWY 49 S
JACKSON MS 39073

Mailing Address

2076 HWY 49 S
FLORENCE MS 39073
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1990

SP

5. FEI Number

64-0707312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575.00 Fee for processing
for each status of 1 day

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	4 City / State / Zip
P	SIBLEY, ROBERT	860 SOUTH WOODLAND	MORTON MS
JD P	PARTRIDGE, D. RICHARD	1245 TECMSEH CT.	PENSACOLA FL
SD	KELSO, DELORES	2076 HWY 49S	FLORENCE MS
D	PARTRIDGE, CHARLES H	2076 HWY 49 S	FLORENCE MS
			200003063082--4 -12/07/99--01049--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEMING, FLETCHER
SEVENTH FLOOR SEVILLE TOWER
PO BOX 1831
PENSACOLA FL 32506-1831

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.

Signature of
Registered Agent

Fletcher Fleming
REGISTERED AGENT MUST SIGN

Date

Nov 9, 1999

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 118.07(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 #

D. RICHARD PARTRIDGE