

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29458**

1. Corporation Name

PARTRIDGE-SIBLEY INDUSTRIAL SERVICES, INC.

Principal Place of Business

Mailing Address

2076 HWY 49 S
JACKSON MS 39073

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

5. FEI Number

64-0707312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

100038077561
06/18/04--01007--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEMING, FLETCHER
FLOOR SEVILLE TOWER
226 SOUTH PALAFOX
PENSACOLA FL 32598-1831

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 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 #

FILED

04 JUN 18 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

06-23-03 10062 025 150

CR2E040 (7/03)

2 of 2

PITTS & BALL PLLC
CERTIFIED PUBLIC ACCOUNTANTS

P. O. Box 320730
Jackson, Mississippi 39232
Telephone: (601) 982-2735

2616 Southerland Street
Jackson, Mississippi 39216
Fax: (601) 982-8256

June 12, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

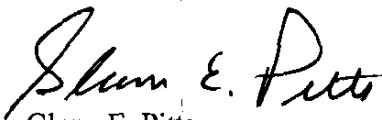
RE: Partridge-Sibley Industrial Services, Inc.

Enclosed is the company check for \$150.00 for the filing fee for 2004. Also the Application for Reinstatement Form is enclosed.

The Corporation was administrative dissolved due to failure to pay a late fee for the year 2003. Your office advised us that the company was notified by mail of the late filing, however, the company has no record of ever receiving the notice.

It is requested that all penalties for late filing be abated and the Corporation be reinstated.

Sincerely,



Glenn E. Pitts
Certified Public Accountant