

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31692

1. Corporation Name

RIVES, LEAVELL & CO., INC.

Principal Place of Business

Mailing Address

733 NORTH STATE STREET

733 NORTH STATE STREET

JACKSON MS 39202

JACKSON MS 39202

US

US



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1430 Lelia Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 4900

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1990

5. FEI Number

63-0593174

Applied For

Not Applicable

City & State

Jackson ms

City & State

Jackson ms

Zip Country
39216 U.S.

Zip Country
39296 U.S.

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	LEAVELL, ROLAND Q	733 NORTH STATE STREET	JACKSON MS 39202
V	MCNEECE, MARK	733 NORTH STATE STREET	JACKSON MS 39202
RVP	DANIELS, MARC	733 NORTH STATE STREET	JACKSON MS 39202
VPO	SWART, MIKE	733 NORTH STATE STREET	JACKSON MS 39202
-D	LANDRUM, P LEAVELL	460 BRIARWOOD DR SUITE 515	JACKSON MS 39206
F	TEATER, KATHY	733 NORTH STATE STREET	JACKSON MS 39202

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

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]
REGISTERED AGENT MUST SIGN

Date

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 601 4484500
Date Daytime Phone #

CR2E040 (8/02)

Title (s)	Name of Officers and/or Directors	Street/ Address of Each Officers and/or Director	City/State/Zip
P	Leawell, Roland Q	1430 Lelia Drive	Jackson MS 39216
V	McNeece, Mark	1430 Lelia Drive	Jackson MS 39216
RVP	Daniels, Marc	1430 Lelia Drive	Jackson MS 39216
VPO	Swart, Mike	1430 Lelia Drive	Jackson MS 39216
F	Teater, Kathy	1430 Lelia Drive	Jackson MS 39216