

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000009062

1. Corporation Name

SEMINOLE TRUCK & R.V. SERVICE, INC.

Principal Place of Business

817 APPEYARD DR  
TALLAHASSEE FL 32304  
US

Mailing Address

817 APPEYARD DR  
TALLAHASSEE FL 32304  
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

02/05/1993

5. FEI Number

59-3161486

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	DOVE, JAMES L JR.	6734 CHEVY WAY	TALLAHASSEE FL 32301
V	DOVE, JOYCE S	2074 THOMASVILLE ROAD	TALLAHASSEE FL 32312

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\*\*\*\*150.00 \*\*\*\*150.00

01432178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOVE, JAMES L JR.  
203 NORTH GADSDEN STREET  
SUITE 3  
TALLAHASSEE FL 32312

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

SIGNATURE REQUIRED

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:

*James L Dove Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01

Date

850-574-6072

Daytime Phone #

CR2E040 (8/01)

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SEMINOLE TRUCK AND RV SERVICE

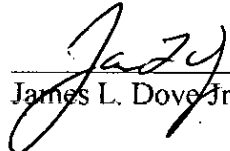
817 Appleyard Drive  
Tallahassee, FL 32304  
Ph 850-574-6072  
Fax 850-574-7564

TO: Florida Department of State

From: James Dove (President of Seminole Truck & RV)

Subject: This letter is to inform the Division of Corporations that Seminole Truck & RV didn't receive a notice of renewal from the division. Last year from September June Road work was being performed of our road, During the time our mail was disrupted at times. Several of our vendor call to in form us that we had not responded to their letters also our mail was delivered to Patients First and TCC.

Enclosed is our check to be reinstated thank you for helping in this matter.

  
James L. Dove Jr (President)