

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 NOV 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035572

1. Corporation Name

JAMES M. PLATT DISTRIBUTING COMPANY, INC.

Principal Place of Business

522 AVENIDA PRIMICERIA
MARATHON FL 33050

Mailing Address

P.O. BOX 510207
KEY COLONY BEACH FL 33051-0297

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0404485

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	PLATT, JAMES M	522 AVENIDA PRIMICERIA	MARATHON FL
VST	PLATT, J G	855 70TH ST GULF	MARATHON FL 33050

600009145356
11/21/02--01026--031 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLATT, JAMES M
522 AVENIDA PRIMICERIA
MARATHON FL 33050

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/02

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

JP Sec. Treas. 11/17/02 305-289-1325

Date

Daytime Phone #

11/17/02

Dear Sirs:

As I discussed on the phone yesterday we never received the original corporate filing package for the year 2002.

As it is our usual practice to pay all obligations upon receipt, I failed to notice incorporation forms for 2002 were missing until I received notice of dissolution or revocation earlier this week.

We are enclosing check for \$150⁰⁰; please re-instate. I believe our past payment record would indicate we usually file upon receipts.

Thank you for your time and interest.

James M. Platt

J.P. Sec. Treas.

James M. Platt Washington Co.