

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000002440

1. Corporation Name

R+R PALLET CLEANING, INC

Principal Place of Business

RT 22 BOX 2943
LAKE CITY, FLORIDA
32024

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 3, 1994

5. FEI Number

57-0993138

6

CERTIFICATE OF STATUS DESIRED ☐

Applied For

Not Applicable

\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BARBARA D. ROSE	RT 22 BOX 2943	LAKE CITY, FL 32024
S/T	RICHARD A. ROSE	RT 22 BOX 2930	LAKE CITY, FL 32024

500002859075--5
-04/30/99--01118--022
****900.00 ****900.00

8. Name and Address of Current Registered Agent

RICHARD A. ROSE
RT 22 BOX 2930
LAKE CITY, FL 32024

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.

Signature of
Registered Agent

Richard A. Rose

REGISTERED AGENT MUST SIGN

Date

4/21/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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:

Barbara D. Rose BARBARA ROSE/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90K-752-0679
Duplicate Fee