

1996 AR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000003983**

1. Corporation Name

PRO FINISH OF NORTH FLORIDA INC.

Principal Place of Business

P.O. BOX 6972
TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 6972
TALLAHASSEE FL 32314

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.
P.O. Box 6972
City & State
Tallahassee Florida
Zip
32314 Country
Levy

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 6972
City & State
Tallahassee Florida
Zip
32314 Country
Levy

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1995

5. FEI Number

59-3293585

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	John A. Wyche	2220 Paul Russell CR Tallahassee FL 32301	Tallahassee FL 32301
Vice President	Wanda Battle	3235 Lord Murphy Trail	Tallahassee FL 32308
Director	Patrick Jones	P.O. Box 6972 *NA*	Tallahassee FL 32314
Director	Kevin Carter	136 West Virginia St.	Tallahassee FL 32304
Treasurer	DaShawn Wyche	2270 Paul Russell CR	Tallahassee FL 32301
Secretary	Pamela Leonard	3235 Lord Murphy TR	Tallahassee FL 32308

8. Name and Address of Current Registered Agent

WYCHE, JOHN A
2220 PAUL RUSSELL CIRCLE
TALLAHASSEE FL 32301

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

John A. Wyche

REGISTERED AGENT MUST SIGN

Date

9-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

John A. Wyche President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-18-96

Daytime Phone #

904.621.0661

CR2E040 (7/96)