

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000012177

1. Corporation Name

BIG BEND REMOVAL SERVICE, INC.

Principal Place of Business
P.O. BOX 12632
TALLAHASSEE FL 32317-2632

Mailing Address
P.O. BOX 12632
TALLAHASSEE FL 32317-2632



REINSTATEMENT

W 96

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02/10/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-3373279 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | S8 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. FEI Number |
|--------------|--------------------------------------|--|--|
| D/P | PARRIS, BUSTER | 203 N. DELLVIEW DRIVE | 100002098101--4 -02/26/97-00014--007 ****375.00 ****375.00 |
| D | HARMON, RALPH JR. | 5532 MOSSY TOP WAY | TALLAHASSEE FL 32303 |
| D/T | DUKES, STEPHEN L | P.O. BOX 309 N/A | MONTICELLO FL 32344 32345 |
| D/V | PARRIS, JUDY | 203 N DELLVIEW DR | TALLAHASSEE FL 32303 |
| D/S | DUKES, SHARON | P.O. BOX 309 N/A | MONTICELLO FL 32345 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUKES, SHARON

COX ROAD PO BOX 309 1065 S MULBERRY ST
MONTICELLO FL ~~32344~~ 32345

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

Sharon A. Dukes

REGISTERED AGENT MUST SIGN

Date 12/31/96

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:

Stephen L. Dukes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN L. DUKES

12/31/96

Date

(904)
997-5040
Daytime Phone #

CR2E040 (7/96)