

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Andrea B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015820

1. Corporation Name

SUMNER & SONS, INC.

Principal Place of Business

Mailing Address

~~9454 BEGONIA STREET~~
~~SANIBEL FL 33957~~

~~9454 BEGONIA STREET~~
~~SANIBEL FL 33957~~

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

02/24/1995

Suite, Apt. #, etc.

385 Parkway Ct.

Suite, Apt. #, etc.

P.O. Box 1198

City & State

Ft. Myers, FL

City & State

SANIBEL, FL

Zip

33919

Country

Zip

33957

Country

5. FEI Number

65-0563043

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	SUMNER, STEVEN M	9454 BEGONIA STREET 385 Parkway Ct.	SANIBEL FL 33957 Ft Myers FL 33919
VSD	SUMNER, DAVID B	9454 BEGONIA STREET	SANIBEL FL 33957
VSD	Sumner, Darlene A.	385 Parkway Ct.	Ft Myers FL 33919
			000002291130--E -01/06/98--01069--010 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUMNER, STEVEN M

~~9454 BEGONIA STREET~~ 385 Parkway Ct
~~SANIBEL FL 33957~~ Ft Myers FL
33919

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

Steven M. Sumner
REGISTERED AGENT MUST SIGN

Date

12/29/97

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:

Steven M. Sumner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. SUMNER 12/29/97

Date

Daytime Phone #

941 2675852
941 8508014

FILED

98 JAN -2 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

10

CR2E040 (7/96)