

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

96 NOV - 1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 96 00

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000024791

1. Corporation Name
SELLERS & SONS, INC.

Principal Place of Business
% EDWARD W. BECHT, ESQ.
321 SOUTH SECOND STREET
FORT PIERCE FL 34950

Mailing Address
% EDWARD W. BECHT, ESQ.
321 SOUTH SECOND STREET
FORT PIERCE FL 34950

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. 716 34TH TERRACE | | Suite, Apt. #, etc. 716 34TH TERRACE | | 03/22/1995 | |
| City & State VERO BEACH FL. | | City & State VERO BEACH FL. | | 5. FEI Number 65-0571391 | |
| Zip 32968 | | Zip 32968 | | Applied For Not Applicable | |
| Country USA | | Country USA | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |

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 |
|---------------|--|--|-------------------------|
| D | SELLERS, WILLIAM H | 716 34TH TERRACE | VERO BEACH FL 32968 |
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| | | | |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

BECHT, EDWARD W. ESQ.
321 SOUTH SECOND STREET
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name William H. SELLERS
Street Address (P.O. Box Number is Not Acceptable)
716 34TH TERRACE
Suite, Apt. #, Etc.
City VERO BEACH State FL Zip Code 32968

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 William H. SELLERS REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/96

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: William H. SELLERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/96 561
Daytime Phone 569-2552

CR2000 (7/96)