

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000058580

1. Corporation Name

RUSSGREG MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

71 HARGROVE GRADE  
PALM COAST FL 32137

P.O. BOX 1166  
ORMOND BEACH FL 32175-1166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/1995

5. FEI Number

59-3327351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275. A Certificate of Status is required for all corporations 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	4 City / State / Zip
D	ERIKSEN, GREGORY	P.O. BOX 1166 N/A	ORMOND BEACH FL 32175
D	FRANKS, RUSSELL	P.O. BOX 1166 N/A	ORMOND BEACH FL 32175

800003063578--5  
-12/07/99--01093--023  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH  
PALM COAST FL 32137

Name FRANKS, RUSSELL L.  
Street Address (P.O. Box Number is Not Acceptable)  
1240 JOHN ANDERSON DR.  
Suite, Apt. #, Etc.

City ORMOND Bch. State FL Zip Code 32176

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 *[Signature]* REQUIRED

Date 11-1-99

REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-7-99 Daytime Phone #

KE