

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 DEC -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000081545

1. Corporation Name

RUSSELL SLOAN CONSTRUCTION MGMT, INC.

Principal Place of Business

Mailing Address

4314 TIDEVIEW DRIVE
JACKSONVILLE FL 32250

4314 TIDEVIEW DRIVE
JACKSONVILLE FL 32250



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

10/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3404505

Not Applicable

Zip

Country

Zip

Country

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
DPTS	SLOAN, RUSSELL R	4314 TIDEVIEW DRIVE	JACKSONVILLE FL 32250

100002364371--0
-12/05/97--01082--006
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLOAN, RUSSELL R
4314 TIDEVIEW DRIVE
JACKSONVILLE FL 32250

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

REGISTERED AGENT MUST SIGN

Date 11/12/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97

Date

Daytime Phone #

CR2E040 (9/97)

2



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604

November 13, 1997

Divisions of Corporations
Annual Reports/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Russell Sloan Construction Mgmt, Inc. - 1997 Annual Report

Dear Sir or Madam,

Please find the enclosed check #1060 for \$165.00 for the above referenced corporation. Mr. Sloan never received any of the previous reports. Once Mr. Sloan received this latest report, he brought it to me and we completed it immediately. We are asking for your assistance to reinstate this corporation and abate any late charges or penalties associated with the reinstatement.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Reese". The signature is fluid and cursive, with a large loop at the end.

James K. Reese, EA

Enclosures:
1997 Reinstatement Form
Check #1060