

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000087604

1. Corporation Name

R & C LOGGING INC.

Principal Place of Business

623 BRIGGS LANE
SOUTHPORT FL 32409
US

Mailing Address

~~P.O. BOX 8443~~
SOUTHPORT FL 32409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

623 Briggs Lane

Southport Florida

32409

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1996

5. FEI Number

59-3407011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01

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
DPST	GLASS, DELMER RICKY	7810 GADSDEN AVE.	SOUTHPORT FL 32409

500004685965-3
-11/16/01-01085-021
*****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASS, DELMER RICKY
7810 GADSDEN AVE.
SOUTHPORT FL 32409

Name Brenda Glass
Street Address (P.O. Box Number is Not Acceptable)
623 Briggs Lane
Suite, Apt. #, Etc.
Southport
City Southport State FL Zip Code 32409

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]
REGISTERED AGENT MUST SIGN

Date

10-26-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-01
Date

850-265-9289
Daytime Phone #

CR2ED40 (8/01)