

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Sandra L. Johnson

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000102424

1. Corporation Name

EVERETTE LEAVINS SR. WELL DRILLING, INC.

Principal Place of Business

Mailing Address

RT 1, BOX 392
WESTVILLE FL 32464

RT 1, BOX 392
WESTVILLE FL 32464

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

12/18/1996

5. FEI Number 58-2350896
APPLIED FOR

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
P	LEAVINS, EVERETTE SR	RT 1, BOX 442	WESTVILLE FL

400002706994--3
-12/09/98--01032--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEAVINS, EVERETTE SR
RT 1 BOX 392
WESTVILLE FL 32464

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

E. Leavins Sr. **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

E. Leavins Sr. **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/98

Date

Daytime Phone #

CR2040 (05/98)

FILED

98 NOV 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



M. C. Quaid & Co., Inc.

ACCOUNTANTS

200 S. COMMERCE - P.O. BOX 507 - GENEVA - AL 36340
(334) 684-6398

DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

2

November 21, 1998

Enclosed is a completed application for reinstatement and our client's check in the amount of \$150.00. We prepared the original return in March of 1998 and our client assures us that he mailed it. His check has not cleared the bank so we can only assume the original form and check were lost in the mail. In line with a conversation I had with your office on this past Friday we are enclosing the completed form and a check for \$150.00. We understand that there were quite a few returns that did not arrive in your office apparently due to lost mail.

We have instructed our client to mail all returns certified in the future.

Thank you for your consideration in this matter.


M. C. QUAID & CO., INC.