

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 4:29

DOCUMENT # P98000044346

1. Corporation Name

SKIMMERBALL, INC.

Principal Place of Business

RT 3, BOX 381
TALLAHASSEE FL 32308

Mailing Address

P O BOX 13442
TALLAHASSEE FL 32317



REINSTATEMENT

99

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

2. New Principal Office Address, If Applicable

7578 BROADVIEW FARMS LN.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1998

5. FEI Number

69-3527462

Applied For

Not Applicable

City & State

TALLAHASSEE, FLORIDA

City & State

Zip 32308

Country USA

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	4 City / State / Zip
P/D/T	MOORE, THOMAS R	RT 3, BOX 381 7578 BROADVIEW FARMS LN.	TALLAHASSEE FL 32308
S/D	MATHEWS, CAROL ANN	3955 PATCH DR.	TALLAHASSEE, FLA 32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, TOM R
RT 3, BOX 381
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

7578 BROADVIEW FARMS LN.

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 Oct. 12, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMR MOORE

10-12-99 850-321-7770

Date

Daytime Phone #