

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 25 PM 12:23

DOCUMENT # P98000078512

1. Corporation Name

RASCON OF NORTHWEST FLORIDA, INC.

Principal Place of Business

961 PINOAK LANE
CANTONMENT FL 32533

Mailing Address

961 PINOAK LANE
CANTONMENT FL 32533



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

3120 Schiffko Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3120 Schiffko Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1998

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Richard A. Sumrall	3120 Schiffko Road	Cantonment, FL 32533

900003033579--9
-11/03/99--01036--005
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

SUMRALL, RICHARD A
961 PINOAK LANE
CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name
Richard A. Sumrall
Street Address (P.O. Box Number is Not Acceptable)
3120 Schiffko Road
Suite, Apt. #, Etc.
City
Cantonment
State
FL
Zip Code
32533

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent Richard A. Sumrall
REGISTERED AGENT MUST SIGN

Date 10/12/99

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: Richard A. Sumrall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/12/99
Daytime Phone # 850-587-3887