

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 PM 4:17

DOCUMENT # **P 99000059660**

1. Corporation Name

Randall McDaniels, Inc.

200
48R

2. Principal Office Address

10715 Coleman Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

10715 Coleman Rd.

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32257

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-99

5. FEI Number

59-3584941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

60-01

7. Name and Address of Current Registered Agent

Name

Randall D. McDaniels

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

10715 Coleman Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32257

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Randall D. McDaniels

REGISTERED AGENT MUST SIGN

Date **12-11-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Randall D. McDaniels	10715 Coleman Rd	Jacksonville, FL 32257

100004736361--8

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***300.00 ***300.00

10. 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

Date

Daytime Phone #

11 Dec 2001

(904)

504-9675

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Randall D. McDaniels The High Performance Home Improvement Contractor.

December 11, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Eula,

Per today's telephone conversation I am enclosing \$300.00 along with an application for reinstatement. Randall McDaniels Inc. was dissolved due to an address change. I never received the correct forms since they were returned to FDOR. The FDOR has documented the return of these forms. Thank you for your help and have a great holiday.

Sincerely,


Randall D. McDaniels