

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059660

1. Corporation Name

RANDALL MCDANIELS, INC.

Principal Place of Business

10715 COLEMAN ROAD
JACKSONVILLE FL 32257

Mailing Address

10715 COLEMAN ROAD
JACKSONVILLE FL 32257

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

07/01/1999

5. FEI Number

59-3584941

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 3	City / State / Zip 4
DPST	MCDANIELS, RANDALL D	10715 COLEMAN ROAD	JACKSONVILLE FL 32257

800009320978
12/03/02 01059 008 **150.00

8. Name and Address of Current Registered Agent

MCDANIELS, RANDALL D
10715 COLEMAN ROAD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Randall D. Mcdaniels
REGISTERED AGENT MUST SIGN

Date

18 November 2002

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:

Randall D. Mcdaniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 November 2002 (904) 686-0398

Randall D. McDaniels The High Performance Home Improvement Contractor.

November 22, 2002

Randall D. McDaniels Inc.
10715 Coleman Road
Jacksonville, Fl. 32257

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

To Whom it may concern,

My application for reinstatement was not received, until I received a notification of dissolution. Per our conversation on 11-18-02, I am sending this letter of explanation and enclosing a check for \$150.00. Thank-you for your cooperation on this matter.

Sincerely,

Randall D. McDaniels

Randall D. McDaniels