

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

98 NOV 18 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S63442

1. Corporation Name

STINSON AUTOMATION CO.

Principal Place of Business

Mailing Address

P.O. BOX 448  
ST. MARKS FL 32355  
US

P.O. BOX 448  
ST. MARKS FL 32355  
US



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

300C Hannon Mill Rd.  
Suite, Apt. #, etc.

3927 CRAWFORDVILLE HWY.  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

TALLAHASSEE  
32310  
LEON

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1991

5. FEI Number

59-3073864

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	VANNETTE, ADAIR B.	RT 3 BOX 5181-6 300C Hannon Mill Rd.	CRAWFORDVILLE FL Tallahassee, FL 32310

000002696770--3  
-11/25/98--01069--010  
\*\*\*750.00 \*\*\*750.00

8/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAN NETTE, ADAIR  
RT 3 BOX 5181-6 300C Hannon Mill Rd.  
CRAWFORDVILLE FL 32327 Tallahassee, FL 32310  
P.O. Box 448  
St. Marks, FL 32355

Name

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

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

REGISTERED AGENT MUST SIGN

Date 11 19 98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Adair Van Nette

Date

Daytime Phone #

11 19 98 850 942 7610

CR2040 (9/88)