

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V39609**

1. Corporation Name

R & M PULPWOOD, INC.

Principal Place of Business

4621 NE 97 STREET ROAD
ANTHONY FL 32617

Mailing Address

4621 NE 97 STREET ROAD
ANTHONY FL 32617

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **32617**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **32617**

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1992

5. FEI Number

59-3129443

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
P	RAINEY, JON	4621 NE 97TH ST. RD	ANTHONY FL 32617
ST	MOORMAN, GLEN	4385 SE 58TH PLACE	OCALA FL 34470

300004694789--2
-11/27/01--01035--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WAGGONER, CARL G.
420 SE 8 STREET
OCALA FL 34471

9. Name and Address of New Registered Agent

Name
JON RAINEY
Street Address (P.O. Box Number is Not Acceptable)
4621 NE 97th St. Rd.
Suite, Apt. #, Etc.
City
Anthony
State
FL
Zip Code
32617

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

10-31-01

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-01

Daytime Phone #

352 732-0093

CR2E040 (8/01)