

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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



000008617080
10/28/02--01063--020 **150.00

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

8. Name and Address of Current Registered Agent

RAINEY, JON
4621 N.E. 97TH STREET RD.
ANTHONY FL 32617

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

CR2E040 (8/02)

2082

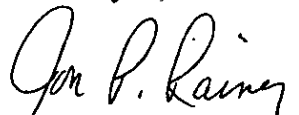
R & M Pulpwood, Inc.
4621 North East 97th Street Road
Anthony, Florida 32617
(352) 732-2205

October 24, 2002

To Whom It May Concern:

On October 21, 2002 I received a notice of Administrative Dissolution or Revocation form. I have gone back through my files and contacted my Accountant; we have no notice or report on file. I would like to reinstate today and I hope you will accept our application for reinstatement and the \$150.00 filling fee.

Thank you,


Jon Rainey, President