

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 19 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08365

1. Corporation Name

ILLUMELEX CORPORATION

Principal Place of Business

2925 HUNBLEIGH DR
SUITE 104
RALEIGH NC 27604

Mailing Address

PO BOX 10461
RALEIGH NC 27605

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.
2925 Hunbleigh Dr. Ste 104

City & State

City & State
Raleigh NC

Zip

Country

Zip

Country

27604 US

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1985

5. FEI Number

56-1490835

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	CHAPPELL, R. HAROLD SIDNEY HINTON	4204 BERRY D SIMS WYND 910 Park Avenue	RALEIGH NC Henderson NC 27536
IS VP	RANDOLPH, COUPLAND Nat Harrison	724-204 ROYAL ANNE LANE 907 Birkdale Drive	RALEIGH NC Clanton NC 27520
CFO/ TS	NAYLOR, ROBERT TOMMY KELLOG	1108 WILLOW DRIVE 968 Jones Wynd	CHAPEL HILL NC Wake Forest NC 27587
D	DOGGETT, RON E	6131 FALLS OF NEUSE RD	RALEIGH NC 27609
D	EARTHMAN, BILL	310 25TH AVE N #103	NASHVILLE TN 37203
D	KNOWLES JR, JAMES H	203 LOTHROP STRET	PITTSBURGH PA 11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

400002698554-5

City

-12/01/98-01028-008
***750.00

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 11/13/98

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

919-878-9008

Daytime Phone #

CR2E040 (8/98)