PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 18 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002278

1. Corporation Name
MFM INDUSTRIES, INC.

Principal Place of Business
3951 WEST HIGHWAY 329
REDDICK, FL. 32686

Mailing Address
P.O. Box 68
Lowell, FL. 32663

REINSTATEMENT 2000
DO NOT WRITE IN THIS SPACE

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 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: 4/30/97

5. FEI Number: 59-3436720 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	WILKINSON, MICHAEL W	3951 West Hyway 329	Reddick, Fl. 32686
D	BAUM, RICHARD	1776 On The Green	Morristown, NJ. 07960
D	SPEARS, BOB	Suite 300 70 Washington St.	Oakland, Ca. 94607
D	ALBRECHT, KNUTE C	Suite 2902 950 West Valley Rd.	Wayne, Pa. 19084
D	PALMER, W.M. JR	3233 SW 33RD Rd.Ste. 201	Ocala, Fl. 34474

8. Name and Address of Current Registered Agent

WILKINSON, MICHAEL W
3951 WEST HWY 329
REDDICK, FL. 32686

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

900003450038--
-11/03/00--01018--001
****750.00 ****750.00

CR2E040(1/95)

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: Michael Wilkinson
REGISTERED AGENT MUST SIGN

Date: 10/17/2000

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.) LS

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Michael Wilkinson 10/3/2000 352-854-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #