

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045649

1. Corporation Name

MICK'S PLACE, INC.

Principal Place of Business

2504 HIGHWAY 98 WEST
MARY ESTHER FL 32569

Mailing Address

2504 HIGHWAY 98 WEST
MARY ESTHER FL 32569



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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2002

5. FEI Number

48-1263766

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
D	WESTFALL, DAVID A	8537-MISTY-RIDGE-LANE	NAVARRE FL 32566 Delete
D	WESTFALL, PENNY	8537-MISTY-RIDGE-LANE	NAVARRE FL 32566 Delete
D	RECEK, MICHAEL E	823 BLVD. DEL ORLEANS 114 Castle Rd Mary Esther FL 32569	MARY ESTHER FL 32569
D	RECEK, MARY F	823 BLVD. DEL ORLEANS 114 Castle Rd. Mary Esther FL 32569	MARY ESTHER FL 32569
			800024493268 11/07/03--01009--009 **750.00

8. Name and Address of Current Registered Agent

WESTFALL, PENNY
8537-MISTY-RIDGE-LANE
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Mary B. Recek
Street Address (P.O. Box Number is Not Acceptable)
114 Castle Rd
Suite, Apt. #, Etc.

Mary Esther

State
FL

Zip Code
32569

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

REGISTERED AGENT MUST SIGN

Date 11/4/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #

CR2040 (7/03)