

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 307114

1. Corporation Name

Maddox Brothers, Inc.

Principal Place of Business

Mailing Address

3529 Liberty Street
Jacksonville, FL 32206

same

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/72

5. FEI Number

59-1398981

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
President	Larry W. Maddox	9906 Jeanette Road	Jacksonville, Florida 32216
Secretary	Jean Maddox	1935 Sprinkle Drive	Jacksonville, Florida 32211
Treas	L. Michael Maddox, Esquire	8637 Burkhall Street	Jacksonville, Florida 32211

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-10/10/97-01083-006

***1418.75 ***1418.75

10-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Larry W. Maddox

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

3529 Liberty Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

Larry W. Maddox
REGISTERED AGENT MUST SIGN

Date

10/2/97

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.)

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:

Larry W. Maddox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY W. MADD OX, Pres 10/2/97

Date

Daytime Phone #

904 3537441

CR2E040 (12/95)