

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 26 PM 3:48

DOCUMENT # **610572**

1. Corporation Name

**MADDOX, INC.**

Principal Place of Business

5137 FIRST COAST HWY S.  
FERNANDINA BEACH FL 32034

Mailing Address

5137 FIRST COAST HWY. S.  
FERNANDINA BEACH FL 32034  
US



**REINSTATEMENT** 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1601 Gerbing Rd  
Suite 250

City & State  
FERNANDINA Bch

Zip 32034 Country Nassau

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

02/21/1979

5. FEI Number

59-2141467

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
VP	MADDOX, LATRELLE, M	1231 MARIAN DR. 8 Juniper Ct	FERNANDINA BCH, FL 00000
PST	MADDOX, GUY F	1231 MARIAN DR. 8 Juniper Ct	FERNANDINA BCH, FL 00000
			100004698551--0
			11/23/01--01053--023
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

MADDOX, GUY F. JR.  
1231 MARIAN DR  
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name - Maddox, Guy F. Jr  
Street Address (P.O. Box Number is Not Acceptable)  
8 Juniper Ct  
Suite, Apt. #, Etc.  
City FERNANDINA Bch State FL Zip Code 32034

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

*Guy F. Maddox Jr*  
REGISTERED AGENT MUST SIGN

Date 10-23-01

AD

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:

*Guy F. Maddox Jr* Guy F. Maddox, Jr 10-23-01 904-261-7606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #