

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 8:18

DOCUMENT # 610572

1. Corporation Name

MADDOX, INC

REINSTATEMENT

02-06

2. Principal Office Address

3211 S. FLETCHER AVE

Suite, Apt. #, etc.

250

City & State

FERNANDINA BEACH FL

Zip

32034-5345 MASSAUL

Country

3. Mailing Office Address

3211 S. FLETCHER AVE

Suite, Apt. #, etc.

250

City & State

FERNANDINA BEACH, FL

Zip

32034-5345 MASSAUL

Country

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. Name and Address of Current Registered Agent

Name

GUY F. MADDOX, JR

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

3211 S. FLETCHER AVE

Suite, Apt. #, Etc.

250

City

FERNANDINA BEACH, FL

State

FL

Zip Code

32034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	GUY F. MADDOX, JR	3211 S. FLETCHER AVE	FERNANDINA BEACH, FL 32034
VP	LARLETTE M. MADDOX	3211 S. FLETCHER AVE	FERNANDINA BEACH, FL 32034

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10. 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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06

Date

Daytime Phone #