

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

97 OCT 30 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **629185**

1. Corporation Name

MCFADDEN CORPORATION

Principal Place of Business

Mailing Address

255 CEDAR PARK CIRCLE
SARASOTA FL 34242

255 CEDAR PARK CIRCLE
SARASOTA FL 34242

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2098846

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	MCFADDEN, J.P.	255 CEDAR PARK CIRCLE	SARASOTA FL

200002340402--1

-11/06/97--01080--016

****165.00 ****165.00

JP
10-30-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, V. MORRIS, JR.
22 SO. TUTTLE AVE, STE 3
SARASOTA FL

Name

JERRY P. MCFADDEN

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

255 CEDAR PARK CIRCLE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

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

Jerry P. McFadden

REGISTERED AGENT MUST SIGN

Date **10/21/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Jerry P. McFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102117 (941) 925-9403

Date

Daytime Phone #

CR2E040 (8/97)

(2)

McFADDEN Corp.

255 CEDAR PARK CIRCLE
SARASOTA, FLORIDA ~~33584~~ 34242
TELEPHONE (813) 349-2606
(941)

October 27, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: McFadden Corporation – Document #629185

Gentlemen:

Enclosed is the necessary reinstatement form for McFadden Corporation, together with a check, to reinstate the Corporation which, we are advised, has been dissolved.

On January 4, 1997, we submitted our annual report together with the prescribed fee.

When we received the recent dissolution notice, we called your office and were advised that the report had been returned, on 1/15/97, along with our check, due to lack of signature by the registered agent.

Unfortunately, we never received the mailing and had assumed that the filing had been accepted.

Should you have any question at all in this regard, please don't hesitate to contact us.

Yours very truly,



Jerry P. McFadden
President

JPM:lks

Enc.