

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 JAN 16 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F44075**

1. Corporation Name **MCCARTHY KENNELS, INC.**

Principal Place of Business

East Palatka, Florida

Mailing Address

**Post Office Box 280
East Palatka, FL 32131**

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

2. New Principal Office Address, If Applicable

Route 1, Box 458
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

East Palatka, FL

City & State

Zip

32131

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/81

5. FEI Number

57-0314486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 87-97
DO NOT WRITE IN THIS SPACE

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-S-D	RICHARD MCCARTHY	Route 1, Box 458	East Palatka, FL 32131

700002065427-6
-01/23/97--01007--012
*****1881.25 ***1881.25**
[Signature]

8. Name and Address of Current Registered Agent

**RONALD H. COLE
10 North Columbia Street
Lake City, Florida**

9. Name and Address of New Registered Agent

Name **James E. Bedsole**
Street Address (P.O. Box Number is Not Acceptable)
1750 A1A South
Suite, Apt. #, Etc.
Suite B
City **St. Augustine** State **FL** Zip Code **32084**

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

[Signature of James E. Bedsole]

REGISTERED AGENT MUST SIGN

Date **1-15-97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Richard Henry McCarthy
Richard Henry McCarthy P.O.A. RICHARD MCCARTHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

(904) 325-6870

Daytime Phone #

CR20040 (12/95)