

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 # **G18770**

1. Corporation Name

MADDEN INVESTMENTS, INC.

Principal Place of Business

C/O DON A. MADDEN, SR.
229 MOONEY RD.
FT. WALTON BEACH FL 32547-1322

Mailing Address

C/O DON A. MADDEN, SR.
229 MOONEY RD.
FT. WALTON BEACH FL 32547-1322

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1983

5. FEI Number

59-2363168

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MADDEN, DON A	229 MOONEY ROAD	FORT WALTON BCH, FL00000
D	MADDEN, DON A, JR.	311 YACHT CLUB DR	FORT WALTON BCH FL
VP	MADDEN, JOHN	37 COUNTRY CLUB RD	SHALIMAR FL
ST	MADDEN, ROBERT	232 COUNTRY CLUB RD.	FT. WALTON BEACH FL 32548

8. Name and Address of Current Registered Agent

MADDEN, SR., DON A
229 MOONEY RD.
FT. WALTON BEACH FL 32548

9. Name and Address of New Registered Agent (If Applicable)

Name **ROBERT A. MADDEN**
Street Address (P.O. Box Number is Not Acceptable)
26 A RACE TRACK RD
Suite, Apt. #, Etc.

City

FT. WALTON BCH

State

FL

Zip Code

32547

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

Robert A. Madden, New Registered Agent

Date **10 December 1997**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



97 DEC 15 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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13/15/97

CR2040 (8/97)