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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 PM 2:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G96184

**1. Corporation Name**

R.J. MADDOX AND ASSOCIATES, INC.

690 SABAL PALM CIRCLE  
P.O. BOX 916902

**2. Principal Office Address**

690 SABAL PALM CIRCLE

Suite, Apt. #, etc.

F

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

US

**3. Mailing Office Address**

P.O. BOX 916902

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32791-6902

Country

US

REINSTATEMENT

03-04

400042749954  
11/15/04--01061--001 \*\*308.75

**4. Date Incorporated or Qualified  
To Do Business in Florida** 4/13/1984

**5. FEI Number**  
59-2413111

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERT J. MADDOX

Street Address (P.O. Box Number is Not Acceptable)  
690 SABAL PALM CIRCLE

Suite, Apt. #, Etc.

F

City

ALTAMONTE SPRINGS

State  
FL

Zip Code  
32701

**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

*Robert J. Maddox*  
REGISTERED AGENT MUST SIGN

Date 10/30/2004

**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
PSD	MADDOX, ROBERT JAMES	690-F SABAL PALM CIRCLE	ALTAMONTE SPRINGS, FL-32701

**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 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:

*Robert J. Maddox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/04  
Date

407-831-4826  
Daytime Phone #

CR2ED01 (01/04)

11/22 91

212

**R.J. MADDOX & ASSOCIATES, INC.**

P.O. BOX 916902  
LONGWOOD, FL 32791-690  
407-831-4826

OCTOBER 30, 2004

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: R.J. MADDOX & ASSOC., INC.  
APPLICATION FOR REINSTATEMENT  
DOCUMENT # G96184

DEAR SIR/MADAM,

ON 10/28/04 I CALLED YOUR OFFICE AND WAS ADVISED TO INCLUDE THIS LETTER ALONG WITH THE ENCLOSED APPLICATION FOR REINSTATEMENT.

I DID NOT RECEIVE ANY UNIFORM BUSINESS REPORT NOTICES. I ONLY BECAME AWARE OF THE FACT THAT I MISSED FILING MY YEARLY REPORT WHEN I TRIED TO OPEN A NEW CORPORATE CHECKING ACCOUNT AND FOUND I DID NOT HAVE THE NECESSARY DOCUMENTATION FOR THE BANK.


DURING THE PERIOD OF TIME THAT THE NOTICES WOULD HAVE BEEN MAILED I WAS GOING THROUGH A SEPARATION FROM MY WIFE OF SIXTEEN YEARS. I WAS ESTRANGED FROM MY WIFE WHO WAS APPARENTLY NOT PASSING ALONG ALL OF MY MAIL.

AS ADVISED BY YOUR OFFICE I HAVE ALSO ENCLOSED MY APPLICATION FOR REINSTATEMENT AND A CHECK FOR \$ 300.00 REINSTATEMENT FEE.

I SINCERELY APPRECIATE YOUR UNDERSTANDING AND HELP IN RESOLVING THIS UNFORTUNATE OVERSIGHT.

PLEASE FEEL FREE TO CONTACT ME IF YOU REQUIRE ANY ADDITIONAL INFORMATION.

THANK YOU,

  
R.J. MADDOX, PRESIDENT  
R.J. MADDOX & ASSOC., INC.