

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:10

DOCUMENT # K82004

1. Corporation Name
FLA-MCH, INC.

SECRETARY OF STATE
800012974588
02/21/03--01112--021 **758.75

Principal Place of Business
705 HORTON'S TRACE
SAINT AUGUSTINE FL 32095

Mailing Address
P.O. BOX 440845
JACKSONVILLE FL 32222-0009



REINSTATEMENT 02-03

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

04/20/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0115292

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARRIS, CAROLYN Y	7315 NATE CIR	JACKSONVILLE FL 32210
VP	HARRIS, LISA M	7315 NATE CIR	JACKSONVILLE FL 32210
S	HARRIS III, MARVIN C	7414 OVERLAND PARK #L	JACKSONVILLE FL 32244
T	BLACK, GERALDINE R	4552 DEER VALLEY DRIVE	JACKSONVILLE FL 32210
			800012974588 03/25/03--01005--015 **141.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRIS, CAROLYN Y
7315 NATE CIR
JACKSONVILLE FL 32210

Name

Lisa M. Harris

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

501 White Jasmine Way

Suite, Apt. #, Etc.

City

State

FL

Zip Code

32259

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2/18/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

Daytime Phone #

CR2E040 (8/02)