

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 # K82523

1. Corporation Name

MFCF, INC

Principal Place of Business

Mailing Address

22327 Carson Dr
Land O' Lakes, FL 34639

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

2. New Principal Office Address, If Applicable

22327 Carson Dr

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Zip

34639

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/89

5. FEI Number

59-2953956

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Janice Rodda	22327 Carson Drive	Land O' Lakes FL 34639
DST	Earl Rodda	22327 Carson Drive	Land O' Lakes, FL 34639

400002712224--7
-12/14/98--01135--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Janice Rodda
14215 Crescent Road
Odessa, FL 33556

9. Name and Address of New Registered Agent

Name

Earl Rodda

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

22327 Carson Dr

Suite, Apt. #, Etc.

City

Land O' Lakes

State

FL

Zip Code

34639

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

Earl Rodda

REGISTERED AGENT MUST SIGN

Date 12-7-98

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

Yes ☐

No ☒

Does not owe

(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:

Earl Rodda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-98

Date

1-813-909-9193

Daytime Phone #

CR20040 (1/89)