PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -5 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82523

1. Corporation Name

MFCF, INC.

Principal Place of Business	Mailing Address
~~22327 CARSON DRIVE~~ ~~LAND O' LAKES FL 34639~~	~~22327 CARSON DRIVE~~ ~~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	3. New Mailing Office Address, If Applicable
19215 Crescent Rd	19211 Crescent Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa, FL.	City & State: Odessa, FL
Zip: 33556 Country: Hillsborough	Zip: 33556 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business In Florida: 04/21/1989

5. FEI Number: ~~59-2953056~~ ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	RODDA, JANICE K.	~~22327 CARSON DRIVE~~ 19211 Crescent Rd	~~LAND O' LAKES FL 34639~~ Odessa, FL 33556
DST	RODDA, EARL	~~22327 CARSON DRIVE~~ 19211 Crescent Rd	~~LAND O' LAKES FL 34639~~ Odessa, FL 33556

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*****750.00 *****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RODDA, EARL ~~22327 CARSON DRIVE~~ ~~LAND O' LAKES FL 34639~~	Name: EARL RODDA Street Address (P.O. Box Number is Not Acceptable): 19211 Crescent Rd Suite, Apt. #, Etc.: City: Odessa, FL State: FL Zip Code: 33556

CR2E040 (6/99)

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: Janice K Rodda Earl Rodda Date: 11/2/99
REGISTERED AGENT MUST SIGN

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: Janice K Rodda 11/2/99 813-920-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Janice K Rodda

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