

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K82523**

1. Corporation Name

MFCF, INC.

Principal Place of Business

Mailing Address

19215 CRESCENT RD.
ODESSA FL 33556

19211 CRESCENT RD.
ODESSA FL 33556

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1989

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)

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.	19211 CRESCENT RD.	ODESSA FL 33556
DST	RODDA, EARL	19211 CRESCENT RD.	ODESSA FL 33556

600003457646--6
-11/08/00--01079--001
****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODDA, EARL
19211 CRESCENT RD.
ODESSA FL 33556

Name

Janice K Rodda

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

19211 Crescent Rd

Suite, Apt. #, Etc.

Odessa, FL

City

33556

Odessa

State

FL

Zip Code

33556

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

Handwritten signature of Janice K Rodda

REGISTERED AGENT MUST SIGN

Date 10/15/00

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

Handwritten signature of Janice K Rodda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/00

Daytime Phone #

813-920-1948