

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

915

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L43621

1. Corporation Name

Marvin & Jean Allen, Inc.

**FILED**

97 FEB -4 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5637 Madison Street  
Hollywood, FL 33023

5637 Madison Street  
Hollywood, FL 33023

**REINSTATEMENT**

96 + 97  
mwb

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0165071

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P/D</u>	<u>Jean N. Allen</u>	<u>5637 Madison St.</u>	<u>Hollywood, FL 33023</u>

~~200002000102--3~~  
~~02/06/97--01051--011~~  
~~\*\*\*\$14.00 \*\*\*\$14.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Jean N. Allen  
Street Address (P.O. Box Number is Not Acceptable)  
5637 Madison St.  
Suite, Apt. #, Etc.  
City Hollywood, State FL Zip Code 33023

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

Jean N. Allen

REGISTERED AGENT MUST SIGN

Date 1/30/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Jean N. Allen

Jean N. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/30/97

Daytime Phone # 983-7777

CR2E040 (12/95)