

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB -8 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008373

1. Corporation Name

Minority Contractors Association of Central Florida, Inc.

2. Principal Office Address - No P.O. Box #  
319 Tuscarora Street

3. Mailing Office Address  
P O Box 93428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lakeland, FL

City & State  
Lakeland, FL

Zip 33805 Country USA

Zip 33804 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/19/2000

5. FEI Number 59-3704584

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Glenn G. Jones

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

Suite, Apt. #, Etc.

City  
Lakeland

State FL Zip Code 33805

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Glenn G. Jones*  
REGISTERED AGENT MUST SIGN

Date 01/30/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Glenn G. Jones	319 Tuscarora Street	Lakeland, FL 33805
VP	Lester Oliver	7914 Cheyenne Lane	Lakeland, FL 33810
T	Thomas Hall	3905 N. Tampa Street	Tampa, FL 33603

10. 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 contained in Chapter 119, 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:

*Glenn G. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn G. Jones

01/30/2007

Date

863.808.4269

Daytime Phone #