

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 # **N39642**

1. Corporation Name

MAD DADS of Greater Ocala, Inc.

Principal Place of Business

**210 N.W. 12th Ave.
Ocala, FL 34475**

Mailing Address

**P.O. Box 3704
Ocala, FL 34478**

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

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

May 1990

5. FEI Number

59-3025650

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
Pres.	Frank Washington, Jr. (D)	2030 SW 7 St	Ocala, FL 34474
V.P.	Skip Newton, CPA (D)	550 N.E. 25 Ave.	Ocala, FL 34470
Treas.	Addie Rawls (D)	717 SW Martin Luther King Jr. Ave	Ocala, FL 34474

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*****306.25 ***306.25**

8. Name and Address of Current Registered Agent

**Patrick Hadley
210 N.W. 12th Ave.
Ocala, FL 34475**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Patrick Hadley

REGISTERED AGENT MUST SIGN

Date

11/5/96

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

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:

Patrick Hadley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96 (352) 629-3100

Date

Daytime Phone

CR2500 (12/95)