

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 FEB 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 940 00002040*

1. Corporation Name

M.A.D. DADS OF LAKE WALES, INC.

500002096825--6

-02/25/97--01083--016

***367.50 ***367.50

Principal Place of Business

*415 E STREET
LAKE WALES, FL.
33853*

Mailing Address

*P.O. BOX 3659
LAKE WALES, FL.
33853*

REINSTATEMENT

05-97

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

4-22-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
<i>CEO</i>	<i>FERRY J. WILLIAMS</i>	<i>116 SO. WETMORE ST.,</i>	<i>LAKE WALES, FL. 33853.</i>
<i>VC/D</i>	<i>BURNEY HAYES</i>	<i>302 FLORIDA AVE</i>	<i>LAKE WALES, FL 33853</i>
<i>S/D</i>	<i>HELEN WILLIAMS</i>	<i>116 SO. WETMORE ST.</i>	<i>LAKE WALES, FL. 33853.</i>
<i>D</i>	<i>THEOPHILUS MANLEY</i>	<i>510 CRESCENT CIRCLE</i>	<i>LAKE WALES, FL. 33853</i>
<i>D</i>	<i>HELEN PETERSON</i>	<i>415 E STREET</i>	<i>LAKE WALES, FL 33853</i>
<i>D</i>	<i>NARVEL PETERSON</i>	<i>415 E STREET</i>	<i>LAKE WALES, FL. 33853</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name *NARVEL PETERSON*
Street Address (P.O. Box Number is Not Acceptable)
415 E STREET
Suite, Apt. #, Etc.
City *LAKE WALES* State *FL* Zip Code *33853.*

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

Narvel Peterson

REGISTERED AGENT MUST SIGN

Date *10 Feb 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:

Narvel Peterson
DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97 (941) 478-1314
Date Daytime Phone #

CR2E040 (12/95)