

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

98 JUL 15 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000383

1. Corporation Name

M.A.D. DADS OF BARTOW, INC.

Principal Place of Business

Mailing Address

1015 SOUTH IRVING AVENUE
BARTOW FL 33830

1015 SOUTH IRVING AVENUE
BARTOW FL 33830

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

01/23/1995

5. FEI Number

59-333 4234

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/C	Ellis S. Mitchell	1015 S. IRVING AV. Bartow, FLA. 33830	Bartow, FL. 33830
S/D	Keenon Colson	935 Tee Circle E	Bartow, FL. 33830
T	Keith L. Mitchell	1140 Bennett Ct.	Bartow, FL. 33830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MITCHELL, ELLIS S
1015 SOUTH IRVING AVENUE
BARTOW FL 33830

Name

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

700002594757--6

Suite, Apt. #, Etc.

07/22/98--01005--008

City

***183.75

***183.75

State

Zip Code

FL

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

Ellis S. Mitchell
REGISTERED AGENT MUST SIGN

Date

6-24-98

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 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:

Ellis S. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-24-98/9415334189
941 533 5289

JUNE 24, 1998

ATTN: MR. TYRONE SCOTT

PER OUR CONVERSATION BY TELEPHONE ON THIS DATE IN REFERENCE TO REINSTATEMENT VIA NOT RECIEVING INFORMATION OR AN APPLICATION FOR 1996. IT WAS MY UNDERSTANDING BEING NEW AT THIS NEWLY FORMED GROUP THAT IF WE DIDN'T APPLY OR RECIEVE MONIES FROM GRANTS, WE DIDN'T HAVE TO SUBMIT AN APPLICATION AND THAT'S WHY I NEVER INQUIRED UNTIL NOW. I AM REQUESTING THAT OUR REINSTATEMENT FEE IS WAIVED AND THAT I COULD PAY THE \$183.75. FOR THE ANNUAL REPORT FEES. OUR ORGANIZATION IS NOW APPLYINF FOR A GRANT THROUGH THE DEPARTMENT OF JUVENILE JUSTICE IN AN EFFORT TO REDUCE JUVENILE CRIME AND THEIR BEHAVOIR.

THANK YOU FOR YOUR TIME



STEVE MITCHELL, PRESIDENT OF HAD DADS OF BARTOW