

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002204

1. Corporation Name

M.A.D. D.A.D.S. OF GREATER LEESBURG, INC.

2. Principal Office Address

2911 Griffin Rd.,
1504 SOUTH ST.

Suite, Apt. #, etc.

M1

City & State

Leesburg, FL

Zip

34748

Country

USA

3. Mailing Office Address

P.O. Box 493921

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34749

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

5/95

5. FEI Number

593323263

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

Charles D. Johnson

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

907 Webster Street

Suite, Apt. #, Etc.

City

Leesburg

State
FL

Zip Code

34748

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

REGISTERED AGENT MUST SIGN

Date 01082000

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
ID	<u>KEN SCRUBBS</u> <u>Ben Youmans</u>	<u>1364 N. MARCY DR.</u> <u>2105 Parkview Avenue</u>	<u>LONGWOOD, FL 32750</u> <u>Leesburg, FL 34748</u>
SD	<u>RUBY MITCHELL</u> <u>Lucille Morrell</u>	<u>P.O. Box 497033</u> <u>908 Georgia</u>	<u>Leesburg, FL 34748</u>
TD	<u>WILLIS HANNAH</u> <u>Willie Hannah</u>	<u>300 BURLY ST.</u> <u>1012 Crosby Street</u>	<u>Leesburg, FL 34748</u>
VD	<u>GORDAN SAUNDERS</u> <u>Harry Walls</u>	<u>723 MARILETTA ST.</u> <u>1317 Mariva Street</u>	<u>Leesburg, FL 34748</u>
D P	<u>Freddie Brinson</u>	<u>907 Nebraska</u>	<u>Leesburg, FL 34748</u>
D	<u>MARY TURNER</u>	<u>1108 CROSBY ST.</u>	<u>Leesburg, FL 34748</u>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)