

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 NOV -9 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004427**

1. Corporation Name

MFCH, INC.

Principal Place of Business

**1022 COMMERCIAL DRIVE
TALLAHASSEE FL 32310**

Mailing Address

**% DONNA NUDD
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301-4437**

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

09/18/1995

5. FEI Number

59-3339558

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GAGE, SUSAN	1407 SOUTH MERIDIAN STREET	TALLAHASSEE FL 32301
D	MILINKOVICH, DONA	719 EAST TENNESSEE STREET	TALLAHASSEE FL 32302
D	NUDD, DONNA	1402 SOUTH MERIDIAN STREET	TALLAHASSEE FL 32301
D	POTTS, ISABELLE	1407 SOUTH MERIDIAN STREET	TALLAHASSEE FL 32301
			100004686141--4 -11/15/01--01087--020 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

**NUDD, DONNA
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name **Isabelle Potts**
Street Address (P.O. Box Number is Not Acceptable)
1407 S. Meridian St.
Suite, Apt. #, Etc.
City **Tallahassee FL 32301** State **FL** Zip Code **32301**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/9/01**

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/9/01**

Daytime Phone #

CR2E040 (8/01)