

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN -9 AM 11:56

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3339558

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
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
			01/09/03--01045--023 **385.00

8. Name and Address of Current Registered Agent

POTTS, ISABELLE  
1407 S. MERIDIAN STREET  
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/9/03

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)(l), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/03

Daytime Phone #

224-8188

CR2E040 (8/02)