

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005136**

1. Corporation Name

MAJ. WILLIAM HENDRICKS DET. 1019, MCL, INC.

Principal Place of Business

~~1130 NORTH LAKE PARKER AVE. UNIT E-136~~
~~LAKELAND FL 33805-4747~~
1339 E. GARY Rd.
LAKELAND, FL 33801

Mailing Address

~~1130 NORTH LAKE PARKER AVE. UNIT E-136~~
~~LAKELAND FL 33805-4747~~
PO BOX 303
LAKELAND, FL 33802-0303



REINSTATEMENT **02**

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

08/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3587861

Applied For

Not Applicable

Zip

Country

POLK

Zip

Country

POLK

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
VD	WHITTINGTON, LARRY	515 TIMBERLANE W. APT B	LAKELAND FL 33801
PD	MCLAUGHLIN, LARRY L SARGENT, DAVID	1130 NORTH LAKE PARKER AVENUE #E PO BOX 303	LAKELAND FL 33805 LAKELAND, FL 33802-0303
SD	LYLE, RANDY PEWONSKI, ANTHONY	4529 ASHFORD DRIVE PO BOX 303	WINTER HAVEN FL 33880 LAKELAND, FL 33802-0303
TD	PEWONSKI, ANTHONY HEISLER, BERNARD	938 WEDGEWOOD PO BOX 303 1449 HOLLY RD	LAKELAND FL 33813 LAKELAND, FL 33802
			700009317777 12/03/02--01044--026 **245.00

8. Name and Address of Current Registered Agent

WENDEL, JOHN F
WENDEL,CHRITTON,PARKS & DEBARI,CHARTERED
5300 SOUTH FLORIDA AVE
LAKELAND FL 33813

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

Date

11/22/02

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

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.

LARRY WHITTINGTON

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/02 (863) 660-3663