

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 OCT 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000022205**

1. Corporation Name

MEN TAKING ACTION INC.

Principal Place of Business

1555 GEORGETOWNE DR
LAKELAND FL 33811

Mailing Address

1555 GEORGETOWNE DR
LAKELAND FL 33811



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

03/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593706164

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEMPSEY, LEROY	1555 GEORGETOWNE DR	LAKELAND FL 33811
	DEMPSEY, DENENA	1555 GEORGETOWNE DR	LAKELAND FL 33811

600008566116
10/24/02--01044--014 **150.00

10/28

8. Name and Address of Current Registered Agent

DEMPSEY, LEROY IV
1555 GEORGETOWNE DR
LAKELAND FL 33811

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-21-02

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 10/21/02 863-648-0311
Daytime Phone # 863-648-0311

CR2E040 (8/02)

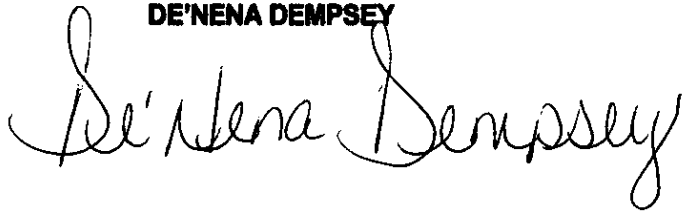
MEN TAKING ACTION

TO: FLORIDA DEPARTMENT OF STATE
FROM: DE'NENA DEMPSEY (ADMINISTRATOR)
SUBJECT: CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION
DATE: 10/21/02

I CERTIFY THAT AS OFFICE ADMINISTRATOR OF MEN TAKING ACTION,
A UNIFORM BUSINESS REPORT WAS NOT RECEIVED AT THIS BUSINESS
LOCATED AT 1555 GEORGETOWN DR, LAKELAND FLORIDA 33811.
WE HAVE ENCLOSED ALL OF THE APPROPRIATE DOCUMENTS AND FEES,
THEREFORE REQUESTING THE STATE OF FLORIDA TO REINSTATE OUR
AUTHORITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
THANKING YOU IN ADVANCE FOR YOUR COOPERATION,

OFFICE ADMINISTRATOR

DE'NENA DEMPSEY



CC: LEROY DEMPSEY IV CEO

