

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000072279

1. Corporation Name

THE MCCRORY GROUP OF NORTH FLORIDA, INC.

Principal Place of Business

8240 MCCARTY LANE  
PENSACOLA FL 32534

Mailing Address

P.O. BOX 760  
GENEVA AL 36340-0760

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2001

5. FEI Number

APPLIED FOR

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Don McCrory	8240 McCarty Ln	PENSACOLA FL 32534
S	Charles McQuaid	711 F WATKINS ST	GENEVA AL 36340

9000008750899  
11/01/02--01026--015 \*\*150.00

8. Name and Address of Current Registered Agent

ELLENBURG, LISA  
1136 ENGLISH LANE  
WESTVILLE FL 32484

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

10/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHARLES MCQUAID, SECRETARIALY

Date

10/29/02

Daytime Phone #

334-684-6398

FILED

02 NOV -1 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2ED40 (8/02)

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 321314-6327

October 29, 2002

Enclosed is our annual report.

We request that any penalty be waived, as we did not receive any previous reports. We called once and the young man said he would check into it and send us a new one if an old one had not been sent. We still didn't get one.

Thank You,

Charles L. McQuaid  
Secretary  
The McCrory Group of North Florida, Inc.  
P O Box 760  
Geneva, AL 36340-0760

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