

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000095832

1. Corporation Name

FLORIDA MBA, INC.

FILED

02 OCT 25 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2620 INDUSTRIAL STREET  
LEESBURG FL 34748

Mailing Address

2620 INDUSTRIAL STREET  
LEESBURG FL 34748

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

10/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0631470

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
PD	HILL, NORA J	2620 INDUSTRIAL STREET	LEESBURG FL 34748
SD	HILL, MARGARET E	2620 INDUSTRIAL STREET	LEESBURG FL 34748

8000008583428  
10/25/02--01009--018 \*\*758.75

8. Name and Address of Current Registered Agent

HILL, MARGARET E  
2620 INDUSTRIAL STREET  
LEESBURG FL 34748

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

*Margaret Hill*  
REQUIRED  
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:

*None of Hill*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

352-787-5897

Daytime Phone #

CR2E040 (8/02)