

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000036835

1. Corporation Name

MR. DEE'S, INC.

Principal Place of Business

Mailing Address

7445 103RD. ST.  
~~STE 10~~  
JACKSONVILLE FL 32210

~~P.O. BOX 60812~~  
~~JACKSONVILLE FL 32236~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2002

5. FEI Number

Applied For

27-0006016

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
PT	CLARK, DERECK M	11085 KEY MADERIA DR	JACKSONVILLE FL 32218
VS	WAY, SENITA M	<del>P.O. BOX 60812</del> 7445 103rd St Ste. 9	<del>JACKSONVILLE FL 32236</del> Jacksonville, FL 32210

700024498107  
11/07/03--01005--017 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAY, SENITA M

~~8045 LAMB COURT~~

~~JACKSONVILLE FL 32244~~

Name

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

7445 103rd St.

Suite, Apt. #, Etc.

Suite 9

City

Jacksonville

State

FL

Zip Code

32210

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

*Senita Way*  
REGISTERED AGENT MUST SIGN

Date 10-28-03

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)(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:

*Senita Way*  
Senita Way  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03  
Date

904-771-7667  
Daytime Phone #

CR2E040 (7/03)

10/28/03

Dear Florida Department of State,

I Senita M. Way certify that

Mr. Dee's, INC Document # P02000036835 never received

the two prior uniform business reports. This could of occurred when the mailing address was changed and that the post office never forwarded this information.

I have updated the mailing information and ask so kindly in advance that your company waive the reinstatement fee.

Thanks In Advance,

Senita Way