


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000084333

1. Corporation Name

TODD MCCRORY ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

5800 JAMESON CIRCLE

3. Mailing Office Address

5800 JAMESON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE, FL 32571

City & State

PACE, FL 32571

Zip

32571

Country

USA

Zip

32571

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/5/02

5. FEI Number

631207958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN TODD MCCRORY

Street Address (P.O. Box Number is Not Acceptable)
5800 JAMESON CIRCLE

Suite, Apt. #, Etc.

City
PACE

State
FL

Zip Code
32571

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John Todd McCrory
REGISTERED AGENT MUST SIGN

Date 5/21/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN TODD MCCRORY	5800 JAMESON CIRCLE	PACE FL 32571
VP	AUDREY A MCCRORY	5800 JAMESON CIRCLE	PACE FL 32571

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05/28/07--01045--015 **450.00

10. 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 contained in Chapter 119, 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:

John Todd McCrory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07

Date

850-777-6260

Daytime Phone #