

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000092830**

1. Corporation Name

**MADDOX PROPERTIES, INC.**

2. Principal Office Address

**11597 MANDARIN ROAD**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32223**

Country

**USA**

3. Mailing Office Address

**11597 MANDARIN ROAD**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32223**

Country

**USA**

**REINSTATEMENT 03**

**300024980683**

**11/24/03--01088--014 \*\*158.75**

4. Date Incorporated or Qualified  
To Do Business in Florida

**26 Aug 2002**

5. FEI Number

**26-0745832**

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

**William A. Maddox**

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

**11597 MANDARIN ROAD**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32223**

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

**William A. Maddox**

REGISTERED AGENT MUST SIGN

Date

**20 Nov 03**

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P      | William A. Maddox                    | 11597 MANDARIN ROAD                               | JACKSONVILLE, FL 32223 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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 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:

**William A. Maddox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**20 Nov 03**

Daytime Phone #

**904-338-7284**

CR2E081 (10/02)

Maddox Properties, Inc.  
11597 Mandarin Road  
Jacksonville, FL 32223  
904.338.7784

21 November 2003

Florida Department Of State  
Division Of Corporations

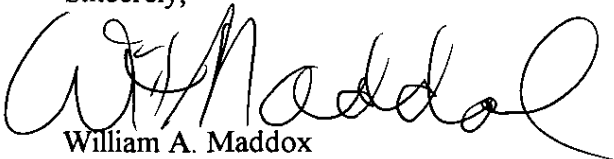
Dear Sirs/Madams:

I wish to apply for a reinstatement of the corporation Maddox Properties, Inc. (Doc # P02000092830). Please find enclosed Corporation Reinstatement form.

In addition I wish to request a waiver of the \$600 reinstatement fee because I never received the Annual Report Form for the corporation. We had been having some trouble with mail here earlier this year and evidently the Annual Report Form was lost or misdirected somehow. In any case I did not get it and I was not aware of the annual reporting requirements to the Secretary of State. I do now.

I would be grateful if you would waive the fee this time only.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. A. Maddox', written in a cursive style. The signature is positioned above the printed name 'William A. Maddox'.

William A. Maddox