

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 10:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000045024

1. Corporation Name

Mother Necessity, Inc.

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

1239 Leith Hall Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

3. Mailing Office Address

P.O. Box 600784

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32260

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/06

5. FEI Number

57-1232735

☐ 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

Cristin Fergus

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

1239 Leith Hall Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

☒ 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

REGISTERED AGENT MUST SIGN

Date

10/5/08

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	Cristin Fergus	1239 Leith Hall Drive	Jacksonville, FL 32259
VP	Joseph Fergus	1239 Leith Hall Drive	Jacksonville, FL 32259
S	Roberta Shea	6 Canal Park, PH10	Cambridge, MA 02141
T	Dennis Shea, Sr.	6 Canal Park, PH10	Cambridge, MA 02141

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cristin Fergus

Date

10/5/08

Daytime Phone #

877-266-1022