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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

**APPLICATION  
FOR  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 11 PM 4:45

Head to back of form on Other Side Before Making Entry  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #93000012357**

McVey Creative Group, Inc.  
133 First Street, N.E.  
St. Petersburg, FL 33701

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

**REINSTATEMENT**

94-99

4. Date Incorporated or Qualified To Do Business in Florida  
02/10/93

5. FEI Number

59-3158535

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Mark McVey	133 1st Street N.E.	St. Petersburg, FL 33701
S	Mandy McVey	133 1st Street N.E.	St. Petersburg, FL 33701

600003024486--1  
-10/25/99-01181-025  
\*\*\*1500.00 \*\*\*1500.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

Mark McVey  
3672 Belle Vista Dr. East  
St. Petersburg, FL 33706

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

4321 Columbus Way South

Street Address (Do NOT Use P.O. Box Number)

City

St. Petersburg,

State

FL.

Zip

33712

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.

Signature of Registered Agent

*Mark McVey*

REGISTERED AGENT MUST SIGN

Date 10/8/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*Mark McVey*

Date 10/8/99

Daytime Phone # (727) 821-9444

Typed or printed name of signing officer or director Mark McVey

CR25040 (8-92)