

SEP-15-1999 WED 05:02 PM ANCHORS FOSTER McINNIS

FAX NO. 33

P. 02

9-15-1999 3:05PM

FROM THE PHIPPS FIRM 8506813998

APPROVED
AND
FILED

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 SEP 20 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **193000053098**

1. Corporation Name

Madden Group of Dallas, Inc.

Principal Place of Business

Using Address

**26-A Racetrack Road
Fort Walton Beach, Florida 32548**

If above addresses are incorrect in any way, the minimum required information and other corrections follow.

2. New Principal Office Address, If Applicable

3. New Principal Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date of Reinstatement
To Be Reinstated in Florida

7/26/93

5. FE Number

959-3196786

Applied For

Not Applicable

6. 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 Officer and/or Director	3. Street Address or P.O. Box Number and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Don A. Madden, Jr.	26-A Racetrack Road	Ft. Walton Beach, FL 32548
D	John A. Madden	26-A Racetrack Road	Ft. Walton Beach, FL 32548
D	Robert A. Madden	26-A Racetrack Road	Ft. Walton Beach, FL 32548

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C.J. McInnis
909 Mar Walt Drive, Suite 1014
Fort Walton Beach, FL 32548**

Name

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

State, Apt. #, etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0601, F.S.

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

100% Payment of the information on this form

12. I certify that I am an officer or director of the manner 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 in 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)(c), 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

DATE

DELIVERED TO

P. 2

SEP 15 03:04PM MADDEN GROUP, INC

REINSTATEMENT

98-99

SP