

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034373**

1. Corporation Name

ML Ocala Tux, Inc.

Principal Place of Business

Mailing Address

**5611 NORTH STATE AVE 7
FT. LAUDERDALE, FL 33314**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/94

5. FEI Number

65-0487920

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DAVID L. McILMURRAY	10891 NORTHWEST 6TH ST.	COVINGTON, FL 33005

000002014470-5
-11/26/96-01104-024
*****575.00 *****575.00

JB11-22-94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
MICHAEL J. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DRIVE
Suite, Apt. #, Etc.
302-W
City
DAVIS
State
FL
Zip Code
33328

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9/21/96**

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, 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:

[Signature]
DAVID L. McILMURRAY
PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/21/96**

Telephone **954-943-9606**