

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 23 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037563

1. Corporation Name
Major Holdings, Inc.

Principal Place of Business Mailing Address
1341 Cross Creek Way 1341 Cross Creek Way
Tallahassee, FL 32301 Tallahassee, FL 32301

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

2. New Principal Office Address, If Applicable 1341 Cross Creek Way Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1341 Cross Creek Way Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida May 18, 1994	
City & State Tallahassee, FL		City & State Tallahassee, FL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32301	Country USA	Zip 32301	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
S/D RA/P	James M. Rudnick	1341 Cross Creek Way	Tallahassee, FL 32301

100002067441--1
-01/24/97--01031--019
****923.75 ****923.75

REINSTATEMENT 96-97
G. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles McMurry
1367 E. Lafayette St., Suite C
Tallahassee, FL 32301

Name
James M. Rudnick
Street Address (P.O. Box Number is Not Acceptable)
1341 Cross Creek Way
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

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 *James M. Rudnick*
REGISTERED AGENT MUST SIGN

Date 1-23-97

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 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: *James M. Rudnick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James M. Rudnick, Director, President

1-23-97

Date

904-671-1999
Daytime Phone #

CR2040

2

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

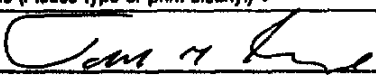
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) James M. Rudnick			
2 Trade name of business, if different from name in line 1 Major Holdings, Inc.		3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 1341 Cross Creek Way		5a Business address, if different from address in lines 4a and 4b	
4b City, state, and ZIP code Tallahassee, Florida 32301		5b City, state, and ZIP code	
6 County and state where principal business is located LEON FLORIDA			
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 265-53-6478 James M. Rudnick			
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) Sub S <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ FLORIDA		Foreign country	
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Real Estate Acquisition			
10 Date business started or acquired (Mo., day, year) (See instructions.) May 18, 1994		11 Enter closing month of accounting year. (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 0.00			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." . . . 0.00 ▶		Nonagricultural 0.00	Agricultural 0.00
Household 0.00			
14 Principal activity (See instructions.) ▶ Real Estate Acquisition			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ James M. Rudnick Trade name ▶ Magnolia Office Park			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) May 1991 City and state where filed Tallahassee, Florida Previous EIN 59 3069730			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) 904-671-1999			
Name and title (Please type or print clearly.) ▶ James M. Rudnick, Presiden, Director			
Signature ▶  Date ▶ 1-23-97			

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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