

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 11 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

**1. Corporation Name**

*P94000061429*  
~~M & R of Northwest Fla Inc~~  
*M & R of Northwest Florida, Inc.*

**2. Principal Office Address**

*1525 Vonnio Tolbert Rd*

Suite, Apt. #, etc.

City & State

*Navarre Fla*

Zip

*32566*

Country

**3. Mailing Office Address**

*1525 Vonnio Tolbert Rd*

Suite, Apt. #, etc.

City & State

*Navarre Fla*

Zip

*32566*

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*8-18-94*

**5. FEI Number**

*59-3266676*

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

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

Suite, Apt. #, Etc.

City

State

Zip Code

~~Ray E Whitford~~ ~~William Scott Foster~~ *Ray Whitford*  
~~909 NW 1st St~~ *1525 Vonnio Tolbert Rd*  
~~Navarre~~ *Navarre*  
~~FL~~ *FL* ~~32566~~ *32566*

**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

*Ray Whitford*  
REGISTERED AGENT MUST SIGN

Date *9-10-01*

**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	<i>Ray E Whitford</i>	<i>1525 Vonnio Tolbert Rd</i>	<i>Navarre FL 32566</i>
VP	<i>Marcia Whitford</i>	<i>1525 Vonnio Tolbert Rd</i>	<i>Navarre FL 32566</i>
			<i>500004641719--3</i>
			<i>-10/18/01--01050--020</i>
			<i>****750.00 ****750.00</i>
			<i>REINSTATEMENT 2001</i>
			<i>[Signature]</i>

**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 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:**

*Ray Whitford*  
Ray Whitford, President

Date

*10-1-01*

Daytime Phone #

*Ext 284.08 316*  
*850 244 7684*