

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000079907

1. Corporation Name

MCHARRELSON INVESTMENTS, INC.

96 NOV -4 AM 11:18

K 117

Principal Place of Business

700 S. FEDERAL HIGHWAY
SUITE 408
STUART FL 34994

Mailing Address

700 S. FEDERAL HIGHWAY
SUITE 408
STUART FL 34994



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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

City & State

City & State

65-0606441

Not Applicable

Zip

Country

Zip

Country

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
DS/P	HARRELL, DENNIS	700 S. FEDERAL HWY. SUITE 408 516 Camden Ave.	STUART F: 34994
D	MCPKE, HARRY HARRY	P O BOX CB 13941 NA	CABLE BEACH NA
	D.V.P. Wm. D. Anderson Jr.	P.O. Box 288 (MA)	Stuart, FL. 34998
			700002000317--7 -11/08/96--01044--029 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, WILLIAM D JR
700 S. FEDERAL HIGHWAY 516 Camden Ave.
SUITE 408
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

WILLIAM D. ANDERSON JR.
REGISTERED AGENT MUST SIGN

Date 9/30/96

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 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:

WILLIAM D. ANDERSON JR.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

9/30/96

Date

561-283-2411

Daytime Phone #