

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000085444**

1. Corporation Name

**MODULAR DESIGNS, INC.**

Principal Place of Business

Mailing Address

~~3811 UNIVERSITY BLVD W  
UNIT 20  
JACKSONVILLE FL 32241-3708  
US~~

~~P O BOX 23708  
JACKSONVILLE FL 32241-8708  
US~~

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

Suite, Apt. #, etc.

**7568 PHILLIPS HIGHWAY, SUITE 100**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

Zip

**32256**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/02/1995**

5. FEI Number

**59-3344494**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCKENZIE, DANIEL A	2546 SCOTT MILL DR S	JACKSONVILLE FL 32223
D	YOUNG, CHRISTOPHER R	390 LYNN COVE RD	ASHVILLE NC 28804
C	SMITH, RONNIE	11 QUAIL ST	CLYDE NC 28721
			0000003071610--4 -12/15/99--01076--021 ****750.00 ****750.00
			<b>REINSTATEMENT 99</b>
			<b>TS</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKENZIE, DANIEL A  
2546 SCOTT MILL DR S  
JACKSONVILLE FL 32223

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

*Daniel A. McKenzie*  
**REGISTERED AGENT MUST SIGN**

Date **11/17/99**

11. 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:

*Daniel A. McKenzie*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **11/17/99**

Daytime Phone # **904 636 7710**