

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000095922**

1. Corporation Name

M & A FINANCIAL, INC.

Principal Place of Business

Mailing Address

32801 US HIGHWAY 19 NORTH
SUITE 200
PALM HARBOR FL 34698

32801 US HIGHWAY 19 NORTH
SUITE 200
PALM HARBOR FL 34698

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

12/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3349284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCCAULEY, W. LEE	171 BUENA VISTA DR., S.	DUNEDIN FL 34698
ST	MCCAULEY, SHIRLEE L	171 BUENA VISTA DR., S.	DUNEDIN FL 34698
VP	HALTER, KELLEY A	2677 CRYSTAL CIR	DUNEDIN FL 34698

10/13/03--01112--005 **750.00
800023768978
10/13/03--01112--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. ARNOLD, JACK
1370 PINEHURST RD
DUNEDIN FL 34698

Name **JAMES R. STEARNS**
Street Address (P.O. Box Number is Not Acceptable)
1370 PINEHURST ROAD
Suite, Apt. #, Etc.

City **DUNEDIN**

State **FL**

Zip Code **34698**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)