

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.	



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3349284	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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: <b>JAMES R. STEARNS</b> Street Address (P.O. Box Number is Not Acceptable): <b>1370 PINEHURST ROAD</b> Suite, Apt. #, Etc.	
		City: <b>DUNEDIN</b>	State: <b>FL</b> Zip Code: <b>34698</b>

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: **10/10/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)