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
98 DEC 21 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016952

1. Corporation Name

MSDI, Inc.

Principal Place of Business / Mailing Address

125 South Congress Street
Suite 1150
Jackson, MS 39201

200002719802--5
-12/22/98--01092--017
****908.75 ****908.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
1215 Dexter Ave.
Suite, Apt. #, etc.
City & State
Pensacola, FL
Zip: 32507 / Country

4. Date Incorporated or Qualified To Do Business in Florida
January 18, 1996

5. FEI Number
59-3210267
☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	L. Joseph Bodkin, III	1215 Dexter Ave.	Pensacola, FL 32507
VP	L. Joseph Bodkin, III	1215 Dexter Ave.	Pensacola, FL 32507
Sec.	L. Joseph Bodkin, III	1215 Dexter Ave.	Pensacola, FL 32507
Trea	L. Joseph Bodkin, III	1215 Dexter Ave.	Pensacola, FL 32507

REINSTATEMENT 97-98 SL 12-21-98

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 E. SIXTH AVE
Tallahassee, FL 32303

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

CR2E040 (12/96)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ L. Joseph Bodkin, III 12/18/98 (850) 453-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #