

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 JUN -4 PM 2:45

SEARCHED INDEXED  
SERIALIZED FILED  
JUN 4 1998  
TALLAHASSEE, FLORIDA  
100002548021--0  
-06/04/98--01083--001  
\*\*\*\*900.00 \*\*\*\*900.00

DOCUMENT #

1. Corporation Name

P96000043581

Principal Place of Business

Mailing Address

M.B. Hughes, Inc.  
3947 Boulevard Center Drive Suite 105  
Jacksonville, FL 32207

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

2. New Principal Office Address, If Applicable

Same  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/22/96

5. FEI Number

59-3382334

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Marilyn B. Hughes	9359 103rd St. Lot 87	Jacksonville, FL 32210
Sec.	"	Jacksonville, FL 32210	
Trea	"		

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\*\*\*\*\*17.50 \*\*\*\*\*8.75

TS 6/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Marilyn B. Hughes  
9359 103rd St. Lot 87  
Jacksonville, FL 32210

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

Marilyn B. Hughes  
REGISTERED AGENT MUST SIGN

Date 6-4-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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: Marilyn B. Hughes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-98 384-0999  
Date Daytime Phone #

CR2E040 (1/98)