

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -2 AM 9:59

DOCUMENT # **P96000063165**

1. Corporation Name

MY FRIEND & ME, INC.

2W1
4BR

Principal Place of Business

140 W OAK ST
ARCADIA FL 34266
US

Mailing Address

6546 PINWOOD LN
PUNTA GORDA FL 33982
US



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.
6546 PINWOOD LN
City & State
PUNTA GORDA, FL
Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1996

5. FEI Number

59-3394064

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ST	HALL, BEVERLY	23465 HARBORVIEW RD #623 P.O. Box 126	CHARLOTTE HARBOR FL FORT CORDEN, FL 34267
P	JONES, SALLY U	6540 PINWOOD LN	PUNTA GORDA FL 33982

300004696793-8
-11/28/01-01031-013
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, SALLY U
6540 PINWOOD LANE
PUNTA GORDA FL 33982

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-20-01**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-01 (941) 575-9692

2 of 2

*My Friend & Me, Inc.
6540 Pinewood Lane
Punta Gorda, FL 33982
(941) 575-9692*

10/25/01

To Whom It May Concern,

Evidently, our corporation renewal was mailed to the wrong address, as I have never received it. You will note that the mailing address is incorrect. It is listed as 6546 Pinewood and the correct address is 6540.

Please reinstate our corporation. Enclosed is the \$150.00 annual filing fee.

Thank you,

Sally U. Jones
Sally U. Jones
President