

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **996000090127**

1. Corporation Name

MARY TODD KEND & DIST. INC.

Principal Place of Business

Mailing Address

**2744 Edison Ave. 2744 Edison Ave.
FT. MYERS, FL. FT. MYERS, FL.
33504 33504**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/1996

5. F.I. Number

65-0184818

6. CERTIFICATE OF STATUS DESIRED []

Applied For

Not Applicable

**\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	RICHARD MCCLENNAN	1300 SE 28 TERR	CAPE CORAL, FL 33904
VICE PRES	COLIN MOULTON	1543 Duval	FT. MYERS, FL 33901
SEC TREAS	BEVERLY MCCLENNAN	1300 SE 28 TERR	CAPE CORAL, FL 33904

REINSTATEMENT

12/16/97

8. Name and Address of Current Registered Agent

**FRANK M. TORCHIA
1300 SE 28 TERR
CAPE CORAL, FL
33901**

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

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

Frank M. Torchia

REGISTERED AGENT MUST SIGN

Date **12/16/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly McClellan

Date

12/16/97

Daytime Phone #

941-337-2025