

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 AUG 24 PH 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000103228**

1. Corporation Name

M.K.D.E. INC.

Principal Place of Business

110 JOSEPH-CARNEY-ESQUIRE
508 ONE-MONTGOMERY PLAZA-SWEDE & ARY STS
NORRISTOWN PA 19001

Mailing Address

110 JOSEPH-CARNEY-ESQUIRE
508 ONE-MONTGOMERY PLAZA-SWEDE & ARY STS
NORRISTOWN PA 19001

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

2. New Principal Office Address, If Applicable

40 JAMES E. HOHIMER
Suite, Apt. #, etc. #445
5440 BEAUMONT CENTER BLVD
City & State TAMPA FL
Zip 33634 Country USA

3. New Mailing Office Address, If Applicable

40 JAMES E. HOHIMER
Suite, Apt. #, etc. #445
5440 BEAUMONT CENTER BLVD
City & State TAMPA FL
Zip 33634 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1996

5. FEI Number

53-2009309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 91-99

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
D	DUGAN, M. KEVIN	508 ONE-MONTGOMERY PLAZA, SWEDE 11611 USEPPA COURT	NORRISTOWN PA 19001 NAPLES, FL 34110
V	HOHIMER, JAMES E	7610 WINGBARK WAY DR	TAMPA, FL 33615

500002975225--5
-08/31/99--01085--010
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

AKERMAN, SENTERFITT & EIDSON, P.A.
216 S MONROE ST
SUITE 200
TALLAHASSEE FL 32302-2555

9. Name and Address of New Registered Agent

Name JAMES E. HOHIMER
Street Address (P.O. Box Number is Not Acceptable) 5440 BEAUMONT CENTER BLVD #445
Suite, Apt. #, Etc. SUITE 445
City TAMPA State FL Zip Code 33634

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

JAMES E. HOHIMER
REGISTERED AGENT MUST SIGN

Date 8.20.99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side of 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)(l), 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:

JAMES E. HOHIMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/99

Daytime Phone #

9188200415

CR25040 (8/97)