

APPLICATION  
FOR  
REINSTATEMENT



**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

1. Corporation Name

Corporation Name M. T. & Tucker, Inc.

Principal Place of Business

Mailing Address

5 Hamilton Ave  
Lehigh Acres, Fl 33972

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

Feb. 26, 1997

5. FEI Number

65-0809401

Applied For	
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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	2	3	4
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
Pres	R. Michael Tucker	5 Hamilton Ave.	Lehigh Acres, FL 33972
			500003027135--2 -10/27/99--01107--003 ***900.00 ***900.00
			\$10/26

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

R. Michael Tucker  
5 Hamilton Ave.  
Lehigh Acres, FL 33972

Name R. Michael Tucker  
Street Address 5 Ham. Hen Ave.  
(P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. \_\_\_\_\_

City Lehigh Acres State FL Zip Code 33972

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 \_\_\_\_\_

  
 REGISTERED AGENT MUST SIGN

Date 9-27-99

11. This corporation owes 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-99  
Date

Date \_\_\_\_\_

Daytime Phone #

10/2/00