

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -9 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000062110**

1. Corporation Name

McFall Redevelopment Corporation

2. Principal Office Address

526 Cocoa Lane

Suite, Apt. #, etc.

3. Mailing Office Address

526 Cocoa Lane

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

Zip

32804

Country

Handwritten initials

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/15/97

5. FEI Number

59-3523405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Valerie Mundy**

Street Address (P.O. Box Number is Not Acceptable)

526 Cocoa Lane

Suite, Apt. #, Etc.

City **Orlando**

State
FL

Zip Code
32804

06/03/03 01086 021

\$5900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Handwritten signature of Valerie Mundy

REGISTERED AGENT MUST SIGN

Date **6/5/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Valerie W. Mundy	526 Cocoa Lane	Orlando, FL 32804
Sec	Gregory Mundy	526 Cocoa Lane	Orlando, FL 32804

10. 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:

Handwritten signature of Valerie Mundy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/03

Date

407/312-3199

Daytime Phone #

CR2E081 (10/02)