

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:44

DOCUMENT #

P97000103267

1. Corporation Name

Mad Dogs & Englishmen, Inc.

REINSTATEMENT 98-06

2. Principal Office Address

4115 S. MACDILL AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33611

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FEI Number
59-3083860

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

P97000103267

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

WILTON MORLEY

000003328980-2

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

MAD DOGS AND ENGLISHMEN

07/20/00-01005-015

***1050.00 ***1050.00

Suite, Apt. #, Etc.

4115 SOUTH MACDILL

City

TAMPA 33611

State
FL

Zip Code

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

Wilton Morley

REGISTERED AGENT MUST SIGN

Date: May 28 2000

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	TODD WACKER	120 S. HALE ST	TAMPA FL 33609
SEC	WILTON MORLEY	4015 BAYSHORE BLVD	TAMPA FL 33611

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:

Wilton Morley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2000

Date

8138323037

Daytime Phone #

81050