

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 16 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000103267

1. Corporation Name

MAD DOGS AND ENGLISHMEN

500115311616
01/15/08--01037--001 **1050.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

4115 S MACDILL, TAMPA FL 33611

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

FLORIDA

Zip

33611

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-308-3860

☐ 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

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

4115 S MACDILL

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33611

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JAN 15TH 2008

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
P.	WILTON MORLEY	4115 S MACDILL	TAMPA FL 33611
V.P.	RICK CRAIG	4115 S MACDILL	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 contained in Chapter 119, 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

JAN 15 2008 813 294 0913

Date

Daytime Phone #