

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -9 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000103267**

**1. Corporation Name**

Mad Dogs & Englishmen, Inc.

**2. Principal Office Address**

4115 S. MacDill Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Tampa, FL

**City & State**

**Zip**

33611

**Country**

US

**Zip**

**Country**

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

12/05/1997

**5. FEI Number**

593083860

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01-03

**7. Name and Address of Current Registered Agent**

**Name**

Wilton Morley

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

4115 S. MacDill Avenue

**Suite, Apt. #, Etc.**

**City**

Tampa

**State**

FL

**Zip Code**

33611

**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

*[Signature]*

Date **May 30, 2003**

REGISTERED AGENT MUST SIGN

**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.	Wilton Morley	4015 Bayshore Blvd.	Tampa, FL 33611
VP	Rick Craig	4115 S. MacDill Avenue	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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-03

Date

813-832-3037

Daytime Phone #

CR2E081 (10/02)

*g610*