

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000020488

1. Corporation Name

MFK, INC.

Principal Place of Business

Mailing Address

~~5111 6 Baymeadows Road, #394~~
~~Jacksonville, FL 32217~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:15

99-00

REINSTATEMENT

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

6120-10 Powers Avenue.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#159

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32217

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 2, 1998

5. FEI Number

59-3500865

Applied For

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,T,S,D	Katina F. Morder	6120-10 Powers Avenue, #159	Jacksonville, FL 32217

700003505567--5
-12/13/00--01044--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEONARD M. ALTERMAN, ATTORNEY AT LAW
9116 Cypress Green Drive, Suite 207
Jacksonville, FL 32256

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Leonard M. Alterman

Date 8/24/00

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: Katina F. Morder, President *Katina Morder* 10/3/00 904/739-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #