

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION
FOR REINSTATEMENT

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

DOCUMENT # P98000068376

1. Corporation Name

PAYNE, WOOD, MANUEL, MCCALL INC.

Principal Place of Business

2076 EAST GLORIA DR.
DELTONA FL 32725

Mailing Address

2076 EAST GLORIA DR.
DELTONA FL 32725

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

313 Dickson Dr

Suite, Apt. #, etc.

D-1

City & State

DeBary FL

Zip

32713

Country

U.S.

3. New Mailing Office Address, If Applicable

313 Dickson Dr

Suite, Apt. #, etc.

D-1

City & State

DeBary FL

Zip

32713

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1998

5. FEI Number

59-3526072

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCCALL, CORDETT	2076 EAST GLORIA DR.	DELTONA FL 32725
D	WOODS, FELTON	2076 EAST GLORIA DR.	DELTONA FL 32725
D	MANUEL, COREY	2076 EAST GLORIA DR.	DELTONA FL 32725
D	PAYNE, ALVIN	2076 EAST GLORIA DR.	DELTONA FL 32725

8. Name and Address of Current Registered Agent

PAYNE, ALVIN
2076 EAST GLORIA DR.
DELTONA FL 32725

9. Name and Address of New Registered Agent

Name

Corbett D. McCall

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

313 Dickson Drive

Suite, Apt. #, Etc.

Suite D-1

City

DeBary

State

FL

Zip Code

32713

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

407 668 4003



HOME AT LAST

PAYNE, WOODS, MANUEL, MCCALL INC.

313 Dirksen Drive Suite D-1 ♦ DeBary FL 32713 ♦ United States
Phone 407 668 4003 ♦ Fax 407 753 0153

October 17, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We have attached the application and a \$150.00 check to cover the reinstatement fee. This letter is being written to inform your office that a reinstatement fee was sent earlier this year by an accountant that worked for Payne, Woods, Manuel, McCall Inc. named Christine Zoloph. This accountant is no longer employed with our company; however, we are currently in the process of searching for the check written to her to cover the reinstatement fees. In the meantime, if this letter and check is sufficient for reinstatement, you may cash it in agreement that our obligation is satisfied.

Sincerely,

Cordett D. McCall B.S., M.S.