

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 3:55

DOCUMENT # P99000014923

1. Corporation Name

BRYAN MCDUFFIE, INC.

Principal Place of Business

Mailing Address

RT. 2, BOX 371

RT. 2, BOX 371

MACCLENNEY FL 32063

MACCLENNEY FL 32063



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1999

5. FEI Number

Applied For

59-3560966

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)	2	3	4
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1			
D	MCDUFFIE, BRYAN A	RT. 2, BOX 371	MACCLENNEY FL 32063

09/05/00 90027 019 150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANK E. MALONEY, JR., P.A.  
445 E. MACCLENNEY AVE.  
MACCLENNEY FL 32063

Name

Annette C. Bussell

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

767 Stockton Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

Date 10-23-00

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

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

Bryan McDuffie

Date

904.259.2022

Daytime Phone #

October 24, 2000

Subject: **Bryan McDuffie, Inc.**

Reference Number: P99000014923

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

I recently received a notice of administrative dissolution or revocation of my corporation and I made a call to your office and was advised that you had received payment and my report but that my report lacked my FEI number. I was also advised that you notified me by mail of this mistake and I regret to say that I did not receive the last correspondence from your office, if I had I certainly would have corrected the problem promptly. I am requesting that the reinstatement fee be waived, as I was not aware that there was a problem and I did pay the annual report fee and corporate supplemental fee on time. Please Find enclosed a corrected report including my FEI number.

Respectfully,



Bryan McDuffie  
President  
Bryan McDuffie, Inc.