

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Nov 03, 2008 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000022108

1. Corporation Name

MALLARD BASIN, INC.

TALLAHASSEE, FLORIDA

800137574658
11/03/08--01055--014 **1500.00

03-08

REINSTATEMENT

CR2E081 (12/07)

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

635 Court Street

Suite, Apt. #, etc.

Suite 120

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Office Address

137 Kyle Street

Suite, Apt. #, etc.

City & State

Opelousas, LA

Zip

70570

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 5, 1999

5. FEI Number

59-3569757

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

Thomas C. Nash, II

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

625 Court Street

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State

FL

Zip Code

33756

☐ 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

REGISTERED AGENT MUST SIGN

Date 10/8/08

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
PD	Robert G. Brown	635 Court Street, Suite 120	Clearwater, FL 33756
STD	Scott Sebastian	137 Kyle Street	Opelousas, LA 70570

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

Robert G. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1
-2008

Date

(727) 443-6488

Daytime Phone #