PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -8 PM 7:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000032191**

1. Corporation Name

**MCH SQUARED ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1034 FLEMING DRIVE<br>PENSACOLA FL 32514 | 1034 FLEMING DRIVE<br>PENSACOLA FL 32514 |

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

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| 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: 04/05/1999

5. FEI Number: NOT APPLICABLE ☐ 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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| D | HAGLER, LEE C III | 1034 FLEMING DRIVE | PENSACOLA FL 32514 |
| D | HILL, JAMES E JR | 5686 N. BLUE ANGEL PARKWAY | PENSACOLA FL 32526 |
| D | MCGONAGIL, JAMES C | 4217 DE LEN DRIVE | PANAMA CITY FL 32404 |
| | | | |
| | | | |
| | | | |

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****750.00 ****750.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| MCGONAGIL, JAMES C<br>1034 FLEMING DRIVE<br>PENSACOLA FL 32514 | Name: LEE C. HAGLER, III<br>Street Address (P.O. Box Number is Not Acceptable): 1034 FLEMING DR<br>Suite, Apt. #, Etc.:<br>City: PENSACOLA State: FL Zip Code: 32514 |

CR2E040 (8/01)

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 _____ Date Nov 2, 2001
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.

**SIGNATURE:** _____ Nov 2, 2001 850-937-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #