

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra J. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S53527**

1. Corporation Name

**MCFADDEN & SONS, INC.**

Principal Place of Business  
**225 CEDAR PARK ACIRCLE  
SARASOTA FL 34242**

Mailing Address  
**225 CEDAR PARK ACIRCLE  
SARASOTA FL 34242**

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

**05/20/1991**

5. FEI Number

**65-0261000**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$6.75 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	MCFADDEN, JERRY P.	255 CEDAR PARK CIR	SARASOTA FL
STD	MCFADDEN, JERRY P.	255 CEDAR PARK CIR	SARASOTA FL

800002350328--9  
-11/18/97--01088-011  
\*\*\*165.00 \*\*\*165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SMITH, V. MORRIS  
22 S TUTTLE AVE  
SUITE 3  
SARASOTA FL 34237~~

Name

**JERRY P. MCFADDEN**

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

**255 CEDAR PARK ACIRCLE**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34242**

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

*Jerry P. McFadden*

REGISTERED AGENT MUST SIGN

Date

**11/10/97**

11. This corporation owes or has paid 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.

SIGNATURE:

*Jerry P. McFadden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/10/97**

Date

**(941) 925-9403**

Daytime Phone #

CP2E040 (8/97)

2

November 10, 1997

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

RE: McFadden & Sons - Document #S53527

Gentlemen:

Enclosed is the necessary reinstatement form for McFadden Corporation, together with a check, to reinstate the Corporation which, we are advised, has been dissolved.

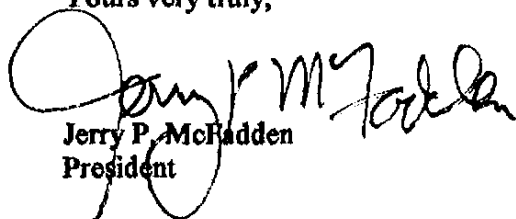
On January 4, 1997, we submitted our annual report together with the prescribed fee.

When we received the recent dissolution notice, we called your office and were advised that the report had been returned, on 1/15/97, along with our check, due to lack of signature by the registered agent.

Unfortunately, we never received the mailing and had assumed that the filing had been accepted.

Should you have any question at all in this regard, please don't hesitate to contact us.

Yours very truly,



Jerry P. McFadden  
President

JPM:lks

Enc.