PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 16 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 414160

1. Corporation Name

M & W CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
4437 FRANKLIN ST MARIANNA FL 32448 US	4433 FRANKLIN ST P. O. BOX 419 MARIANNA FL 32447 US

REINSTATEMENT 2000

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: 12/06/1972 SP

5. FEI Number: 59-1429136 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WIMBERLY, W.E.	3308 PARKRIDGE ROAD	MARIANNA FL
V	WIMBERLY, RICHARD D.	4437 SPRING VALLEY ROAD	MARIANNA FL
V	WIMBERLY, REX S.	4421 SPRING VALLEY ROAD	MARIANNA FL
ST	WIMBERLY, FAY S.	3308 PARKRIDGE ROAD	MARIANNA FL

700003441527--6
-10/27/00--01009--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WIMBERLY, W.E.
3308 PARKRIDGE RD
PARK SUB-DIVISION
MARIANNA FL 32446

9. Name and Address of New Registered Agent

Name: Rex S. Wimberly
Street Address (P.O. Box Number is Not Acceptable): 4421 Spring Valley Rd
Suite, Apt. #, Etc.:
City: Marianna State: FL Zip Code: 32448

CR2E040 (8/00)

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: Rex S. Wimberly SIGNATURE REQUIRED Date: 10/13/00
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.

SIGNATURE: Rex S. Wimberly SIGNATURE REQUIRED Date: 10/13/00 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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