

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



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

FILED

00 NOV 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000098228

1. Corporation Name

Mrachek Brothers of Heron Bay, Inc.

2. Principal Office Address

11050 Wiles Road

3. Mailing Office Address

11050 Wiles Road

Suite, Apt. #, etc.

Unit 101

Suite, Apt. #, etc.

Unit 101

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0883417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. Louis Mrachek

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

505 South Flagler Drive

Suite, Apt. #, Etc.

Suite 200

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]

Date 11/26/00

REGISTERED AGENT MUST SIGN

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
P/S	Stephen J. Mrachek	5763 N.W. 71st Terrace	Parkland, FL 33067
VP	Michael J. Mrachek	2921 N.E. 18th St.	Pompano Beach, FL 33062

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. 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:

Stephen J. Mrachek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00

Date

954-755-0237

Daytime Phone #

CR2E081 (9/99)

PAGE, MRACHEK,
FITZGERALD & ROSE, P.A.

Attorneys at Law

P98-98228 20f2

November 27, 2000

FEDERAL EXPRESS

Secretary of State
Division of Corporation
409 East Gaines St.
Tallahassee, FL 32399

RE: Mrachek Brothers of Heron Bay, Inc.

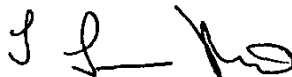
Dear Sir/Madam:

I have enclosed a completed Corporation Reinstatement form for the above-named corporation. I have also enclosed a check in the amount of \$300 for the 1999 and 2000 annual report fees.

I request that the reinstatement fee of \$600 be waived because the Secretary of State's office has the wrong address listed for Mrachek Brothers of Heron Bay, Inc. Any notices sent to Mrachek Brothers of Heron Bay, Inc., were delayed in their arrival, if they arrived at all. I have enclosed a copy of the envelope and of the first page of the 1999 report, which was eventually received by Mrachek Brothers of Heron Bay, Inc., which shows the wrong address. I have noted the correct address on the enclosed Corporation Reinstatement form.

Thank you for your assistance in this matter.

Sincerely yours,



L. Louis Mrachek

/as
Enclosure

WEST PALM BEACH • STUART

505 South Flagler Drive • Suite 200 • West Palm Beach, Florida 33401
(561) 655-2250 Telephone • (561) 655-5537 Facsimile • www.pm-law.com