

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464430

1. Corporation Name

MAHRLE & COMPANY, P.A.

500009594815
12/19/02--01018--006 **1358.75

2. Principal Office Address

11311 N. CR 7

3. Mailing Office Address

11311 N. CR 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, CO

City & State

WELLINGTON, CO

Zip

80549

Country

USA

Zip

80549

Country

USA

Date Incorporated or Qualified
To Do Business in Florida

11-1-74

5. FEI Number

59-1556502

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

NEAL REEVES

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

PRO-TEM SERVICES, INC. 1211 N. WESTSHORE BLVD.

Suite, Apt. #, Etc.

SUITE 102

City

TAMPA

State

FL

Zip Code

33607

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

Neal Reeves

REGISTERED AGENT MUST SIGN

Date 12-16-02

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/D	BEN MAHRLE	11311 N. CR 7	WELLINGTON, CO 80549

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 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:

BEN MAHRLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02
Date

970-221-9950
Daytime Phone #

CR2E081 (9/01)