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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

700001456717
-05/23/95--01078--002
*****70.00 *****70.00

SUBJECT: Mark Henderson, Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy J. Hansen
(Name of Person)

Mark Henderson, Inc
(Firm/Company)

5322 Snapfinger Park Drive
(Address)

Decatur, GA 30035
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Timothy J. Hansen at (404) 987-6780
(Name of Person) Area Code & Daytime Telephone Number

FILED
95 MAY 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Mark Henderson, Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-1722650
(FEI number, if applicable)
4. 3/11/1987
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. May 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 5322 Snapfinger Park Drive
Decatur, Georgia 30035
(Current mailing address)
8. Electrical Contractor
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

**JENNIFER F AULTMAN
ASSISTANT SECRETARY**

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Mark Henderson

Address: 5860 Sharon Church Road

Loganville Georgia 30249

Vice President: Bill Collins

Address: 194 Harris Road

Jackson, Georgia 30236

Secretary: Amy Henderson

Address: 5860 Sharon Church Road

Loganville Georgia 30249

Treasurer: Amy Henderson

Address: 5860 Sharon Church Road, Loganville GA 30249

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bill Collins
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bill Collins Vice President
(Typed or printed name and capacity of person signing application)

FILED
95 MAY 28 PM 2 45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 951280466
CONTROL NUMBER : 8708364
DATE INC/AUTH/FILED: 03/11/1987
JURISDICTION : GEORGIA
PRINT DATE : 05/08/1995
FORM NUMBER : 211

MARK HENDERSON, INCORPORATED
5322 SNAPPINGER PARK DR.
TIM HANSEN
DECATUR GA 30035

FILED
95 MAY 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**MARK HENDERSON, INCORPORATED
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland

**MAX CLELAND
SECRETARY OF STATE**

**CORPORATIONS
656-2817**

**CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta**

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000002516**

1. Corporation Name
MARK HENDERSON, INCORPORATED

Principal Place of Business
**5322 SHAWPINDER PARK DR.
DECATUR GA 30035**

Mailing Address
**5322 SHAWPINDER PARK DR.
DECATUR GA 30035**

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

05/23/1995

5. FEI Number

59-1722850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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	HENDERSON, MARK	5880 SHARON CHURCH RD.	LOGANVILLE GA 30240
ST	HENDERSON, ANN	5880 SHARON CHURCH RD.	LOGANVILLE GA 30240
ST	Hansen, Timothy	2572 Forest Meadow Lane	Lawrenceville, GA 30243
V	COLLINS, BILL	184 HARRIS RD.	JACKSON GA 30233

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

300001998679-4

11/07/96-01021-024

*****383, State FL**

Signature of
Registered Agent

**CONNIE BRYAN
SPECIAL ASSISTANT, SECRETARY**

REGISTERED AGENT MUST SIGN

Date

11/5/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Timothy J. Hansen
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96 (716) 987-6780
Date Daytime Phone

REC'D SEP 6 NOV 1996 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1996

A. Alan

11-5-96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV - 5 PM 2:37

APPROVED
AND
FILED

CRS2040 (7/96)