

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000001761

1. Corporation Name

MASTER TECH, INC OF MICHIGAN

2. Principal Office Address - No P.O. Box #

3725 S. ACCESS RD

3. Mailing Office Address

17111 F. DRIVE SOUTH

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

MARSHALL, MI

Zip

34224

Country

US

Zip

49068

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1999

5. FEI Number

383277670

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
SHERRY L. BUTLER

Street Address (P.O. Box Number is Not Acceptable)
3725 S. ACCESS RD

Suite, Apt. #, Etc.

B

City
ENGLEWOOD, FL

State
FL

Zip Code
34224

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sherry L. Butler
REGISTERED AGENT MUST SIGN

Date **10/3/2007**

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
PT	ROBERT M. HOOKWAY	2089 PERRETT RD	MARSHALL, MI 49068
VS	WESLEY E. MILLER	12255 15 1/2 MILE RD	MARSHALL, MI 49068

400110603874
10/10/07--01048--021 **450.00

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 contained in Chapter 119, 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:

Wesley E. Miller
WESLEY E. MILLER V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2007

Date

800-848-0558

Daytime Phone #