

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUL 22 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-02

DOCUMENT # **G 58764**

1. Corporation Name

OUIEDO MATERIAL, INC.

2. Principal Office Address

1451 EVANS ST.

3. Mailing Office Address

417 PINE HILL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OUIEDO, FL.

City & State

GENEVA, FL.

Zip

32765

Country

U.S.

Zip

32732

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/1983

5. FEI Number

592325946

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

JOHN MARTIN

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

1451 EVANS ST.

Suite, Apt. #, Etc.

City

OUIEDO

State
FL

Zip Code

32765

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

REGISTERED AGENT MUST SIGN

Date **7-16-02**

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
PO	JOHN MARTIN	1451 EVANS ST.	OUIEDO, FL 32765
VO	ROBERT MARTIN	1451 EVANS ST.	OUIEDO, FL. 32765

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MARTIN

7-16-02 407-349-2215

Date

Daytime Phone #

CR2E081 (9/01)

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