

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 F

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -2 AM 8:00

DOCUMENT # **H 96696**

**1. Corporation Name**

**Marc Andre Langlois  
General Contractor, Inc.**

**2. Principal Office Address**

**P.O. Box 817523**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**P.O. Box 817523**

Suite, Apt. #, etc.

**City & State**

**Hollywood, FL**

**City & State**

**Hollywood, FL**

**Zip**

**33081**

**Country**

**USA**

**Zip**

**33081**

**Country**

**USA**

**REINSTATEMENT**

**02-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1-30-86**

**5. FEI Number**

**59-2702270**

**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**

**Marc Andre Langlois**

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

**5106 McKinley Street**

**Suite, Apt. #, Etc.**

**City**

**Hollywood**

**State  
FL**

**Zip Code**

**33021**

**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**

**Marc Andre Langlois**

**REGISTERED AGENT MUST SIGN**

**Date 1-29-04**

**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
DPS	Marc Andre Langlois	5106 McKinley St	Hollywood, FL 33021
T	Madeline Langlois	5106 McKinley St	Hollywood, FL 33021

**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:**

**Marc Andre Langlois**

**MARC ANDRE LANGLOIS, Pres.**

**1-29-04 954-989-2221**

**Date**

**Daytime Phone #**

CR2E081 (10/02)