

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 MAR 10 AM 9:27

RECEIVED
TALLAHASSEE, FL 323

DOCUMENT #

1. Corporation Name

J88669

M D E I INCORPORATED

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

9720 SECTY HWY 25

Suite, Apt. #, etc.

City & State

BELLEVUE, FL 34420

Zip

34420

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3103679

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

DONNIE D. FILER

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

8515 SE 157 PL

Suite, Apt. #, Etc.

City

SUMMERFIELD

State

FL

Zip Code

34491

100283212961
03/10/16--01012--010 **1050.00

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

Donnie D. Filer

REGISTERED AGENT MUST SIGN

Date FEB 29, 2016

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	DONNIE D. FILER	8515 SE 157 PL	SUMMERFIELD, FL 34491
V SEC.	MARY A. FILER	12391 SE 115 AVE	BELLEVUE FL 34420
V	EUGENE A. FILER	8365 SE 158 PL	SUMMERFIELD, FL 34491
	REINSTATEMENT		
	2014-2016		

10. E-mail Address: genefiler10@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eugene A. Filer EUGENE A. FILER

2-29-2016 352-566-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE