

2006-2007

300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 OCT -2 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-02
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # KL1700

1. Corporation Name
MIKE MYERS + ASSOCIATES, INC

2. Principal Office Address - No P.O. Box #
1100 FIELDWOOD BLVD.

3. Mailing Office Address
1100 FIELDWOOD BLVD.

City & State
LAKE MARY, FLORIDA

City & State
LAKE MARY, FLORIDA

Zip
32746

Country
USA

Zip
32746

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
1/30/89

5. FEI Number
59-3024103

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
MIKE MYERS

Street Address (P.O. Box Number is Not Acceptable)
1100 FIELDWOOD BLVD.

Suite, Apt. #, Etc.

City
LAKE MARY

State
FL

Zip Code
32746

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.
Date 9/23/07

Signature of Registered Agent
Michael B. Myers
REGISTERED AGENT MUST SIGN

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
PRES	MICHAEL B. MYERS	1100 FIELDWOOD BLVD.	LAKE MARY, FL. 32746
VP	JACQUELINE M. MYERS	1100 FIELDWOOD BLVD.	LAKE MARY, FL. 32746
SEC	SEAN M. MYERS	297 DUBLIN DR.	LAKE MARY, FL. 32746

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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: Michael B. Myers Date 9/23/07 Daytime Phone # 407-869-3473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR