

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 AM 10:13

DOCUMENT # M75946

1. Corporation Name

Florida Structures, Inc.

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

28518 Lake Industrial Blvd

Suite, Apt. #, etc.

City & State

Tavares

Zip

32778

Country

Lake County

3. Mailing Office Address

28518 Lake Industrial Blvd.

Suite, Apt. #, etc.

City & State

Tavares

Zip

32778

Country

Lake County

~~01/14/10--01044--001 **150.00~~

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 4/11/1988

5. FEI Number
592886459

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

Fred E. Martin

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

13050 Country Club Drive

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

☒ 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

Fred E. Martin
REGISTERED AGENT MUST SIGN

Date 1/11/2010

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
PDST	Fred E. Martin	13050 Country Club Drive	Tavares, FL 32778

10. E-mail Address: FMART2@AOL.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., 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.

SIGNATURE:

Fred E. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2010
Date

352-343-1751
Daytime Phone #