

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M99584*

1. Corporation Name

MICHAEL G Holder, INC

2. Principal Office Address

44161 Woodridge DR

Suite, Apt. #, etc.

3. Mailing Office Address

44161 Woodridge DR

Suite, Apt. #, etc.

City & State

CALLAHAN, FL

City & State

CALLAHAN, FL

Zip

32011

Country

USA

Zip

32011

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/00

5. FEI Number

59-2906901

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

MICHAEL G. Holder

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

44161 Woodridge DR

Suite, Apt. #, Etc.

City

CALLAHAN

State
FL

Zip Code
32011

100026971411

01/14/04--01065--025 **300.00

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

Michael G Holder

Date

1/8/04

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
DP	Holder, MICHAEL G.	44161 Woodridge DR	CALLAHAN, FL 32011
VPD	Holder, JASON PAUL	12801 KELSEY ISLAND DR	JAX, FL 32224

[Signature]

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:

Michael G Holder MICHAEL G. Holder

Date

1/8/04

Daytime Phone #

904-219-4001

CR2E081 (10/02)



Michael G. Holder, Inc.

Established 1989

Professional Engineer • Licensed Contractor • Amenities Specialists
Phone: (904) 721-7676 • Fax: (904) 721-7685

January 8, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

ATTN: Sean Toner

Dear Sean;

Attached please find my Corporation Reinstatement Forms for the Michael G. Holder, Inc. corporation. The corporation number is M99584. It was brought to my attention today by the DPBR that the corporation showed as inactive. After investigating your records and my phone conversation with you it appears that the Annual Report forms for 2003 were sent to the wrong address. I did not receive them as we are not located at Crown Point Road as your records indicate. Please update your records to correspond to those listed on the form to hopefully avoid this problem in the future.

I am enclosing, per your instructions, a check for \$300.00 to cover the annual fee for 2003 and 2004.

I appreciate your help in this matter and your expeditious handling of the reinstatement to facilitate the DPBR processing of a Qualified Business Request.

Sincerely

Michael G. Holder
President