

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000002025**

1. Corporation Name

MEN UNDER CONSTRUCTION INCORPORATED

Principal Place of Business

Mailing Address

1154 HAZEL GREEN RD.
QUINCY FL 32351

1154 HAZEL GREEN RD.
QUINCY FL 32351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

16 Forest Circle

P.O. Box 151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Midway Fl.
32343 Gadsden

Quincy, Fl.

Zip

Country

Zip

Country

32353-0151 Gadsden

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

5. FEI Number

59-3616300

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RUSS, MARY L	744 DUVAL ST.	QUINCY FL 32351
D	BROWN, ORA	1186 HAZEL GREEN RD	QUINCY FL 32351
D	WILLIAMS, ALICE B	188 MARTIN ST.	QUINCY FL 32351

REINSTATEMENT *02-03*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSS, GEORGE
744 S. DUVAL ST.
QUINCY FL 32351

Name

Terry W. Williams

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

16 Forest Circle

Suite, Apt. #, Etc.

City

Midway

State

FL

Zip Code

32343

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

7/2/03

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 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:

SIGNATURE REQUIRED
Terry W. Williams Director

7/2/03

Date

Daytime Phone #

CR2E040 (8/02)