

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 AM 9:56

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300152075063
04/23/09--01029--002 **1583.75

DOCUMENT #

1. Corporation Name

The M.B.W. BUILDING, INC.
N 12789

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

12355 COLLIER BLVD.

Suite, Apt. #, etc.

A

City & State

NAPLES, FL

Zip

34116

Country

USA

3. Mailing Office Address

12355 COLLIER BLVD

Suite, Apt. #, etc.

A

City & State

NAPLES, FL

Zip

34116

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1985

5. FEI Number

90-0462587

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

WILLIAM M. GILLENWATERS

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

12355 COLLIER BLVD.

Suite, Apt. #, Etc.

A

City

NAPLES

State

FL

Zip Code

34116

☐ 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

W M M

Date

4/21/09

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.	PABLO SEVERO	12355 COLLIER BLVD # E-5	NAPLES FL 34116
V.P.	DAVID FARMOR	12355 COLLIER BLVD # B	NAPLES FL 34116
SEC.	RUTH VETRI	12355 COLLIER BLVD # D	NAPLES FL 34116
TRAS	WILLIAM GILLENWATERS	12355 COLLIER BLVD # A	NAPLES FL 34116

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:

W M M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/9

Date

239 455 1018

Daytime Phone #