

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

GENERAL REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000006393

1. Corporation Name
Manatee Maintenance Services Inc.

2. Principal Office Address
7505 Wedelia
Suite, Apt. #, etc.
City & State
Punta Gorda, FL
Zip
33955
Country
USA

3. Mailing Office Address
7505 Wedelia
Suite, Apt. #, etc.
City & State
Punta Gorda, FL
Zip
33955
Country
USA

2005 Annual Report
FILED

05 MAY -9 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 11-8-01

5. FEI Number 65-1001297 ☒ 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 John A. Jacobsen

Street Address (P.O. Box Number is Not Acceptable)
7505 Wedelia

Suite, Apt. #, Etc.

City Punta Gorda, FL 33955

State FL Zip Code 33955

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05/17/05--01080--015 **150.75

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

John A. Jacobsen

Date 4-23-05

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
P	John A. Jacobsen	7505 Wedelia	Punta Gorda, FL 33955

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: *John A. Jacobsen* John A. Jacobsen 4-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)