

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



REPUBLIC OF FLORIDA
DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

192
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 3:02

DOCUMENT # P00000028062

1. Corporation Name

MASTER CRAFTSMAN'S GARAGE DOOR SERVICE, INC.

Principal Place of Business

Mailing Address

477 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

477 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

59-3642369

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

QADER, HISHAM H

477 N COURTENAY PARKWAY

MERRITT ISLAND FL 32953

3000004698709--6
-11/29/01--01063--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QADER, HISHAM H

477 N COURTENAY PARKWAY

MERRITT ISLAND FL 32953

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-2001

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MASTER CRAFTSMAN'S GARAGE DOOR SERVICE INC.
DBA DOORMASTER GARAGE DOORS

477 N. Courtenay Pkwy.
Merritt Island, FL 32953
321-453-3727

October 11, 2001

Dear Sir /Madam,

To whom it may concern today I received a notice of administrative dissolution or revocation, in which this is the first correspondence that I have received concerning this issue. I placed a call on 10/11/01 questioning this matter and was told to mail you a letter notifying you, along with a check for the original fee of \$150.00 which I have enclosed. If there is any further problems with this issue if you could contact us by phone at 321-453-3727

Sincerely,
Hisham Qader
Signature

