


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **P0000033128**

1. Corporation Name
MARKO DOORS + GATES, INC.

2. Principal Office Address
4200 Westroads Dr

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State
WPB FL

City & State

Zip
33407 Country

Zip Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida
4-2000

5. FEI Number
65-0998210 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
WADE WOSTYLKO

Street Address (P.O. Box Number is Not Acceptable)
4200 WESTROADS DR

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33407

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
WaDe Wostylko

REGISTERED AGENT MUST SIGN

Date
12/5/01

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
D	Kenneth Fletcher	48 DAL KEITH DR	Brantford ONT. CAN N3P1N6
D/P	WADE WOSTYLKO	4200 Westroads Dr	WPB FL 33407
D/H	MALCOLM A MERCADO	5116 LAKEVIEW RD	BURLINGTON, ONT CAN L7L1B9

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 of 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)(f), 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: *WaDe Wostylko* **WADE B WOSTYLKO** **12/5/01** **561-863-0650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (8/00)