


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED
02 MAR 25 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038999

1. Corporation Name

M: M Services of Lee County, Inc.

2. Principal Office Address

6490 Brookshire Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

6490 Brookshire Ter.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0991288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05/21/01 90359 037 \$50.00

7. Name and Address of Current Registered Agent

Name

Mark P. Dyer

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

6490 Brookshire Ter.

Suite, Apt. #, Etc.

City

Ft. Myers, FL

State

FL

Zip Code

33912

300005282918--0
-04/16/02--01082--019
****150.00 ****150.00

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

Mark P. Dyer

Date

4/9/02

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
D	Mark P. Dyer	6490 Brookshire Ter.	Ft. Myers, FL 33912

01-02 UBR

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:

Mark P. Dyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

941-872-3403

Daytime Phone #

CR2E081 (9/01)

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Dear Sir,

This letter is to ask for the reinstatement of my corporation, M + M Services of Lee County Inc. I did not receive prior notices showing my annual report not being filed. I would request that you waive the reinstatement fees.

Thank you,

Mark By