

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 28 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101094

1. Corporation Name

MAIN FRAMERS, INC.

000005754110-4
-06/11/02-01073-022
****300.00 ****300.00

2. Principal Office Address

2929 NE 106 ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1656

Suite, Apt. #, etc.

City & State

ANTHONY FL

City & State

Ocala, FL

Zip

32617

Country

MARION

Zip

34478

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-00

5. FEI Number

59-3686861

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 W. MCKIBBIN

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

2929 NE 106 ST (MAIL: P.O. Box 1656, Ocala, FL 34478)

Suite, Apt. #, Etc.

City

ANTHONY, FL 32617

State

FL

Zip Code

32617

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

William W. McKibbin

REGISTERED AGENT MUST SIGN

Date 5/13/02

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	WILLIAM W. MCKIBBIN	2929 N.E 106 ST, ANTHONY	ANTHONY, FL 32617
Secy	DEBORAH I MCKIBBIN	2929 NE 106 ST	ANTHONY, FL 32617
			201.25-AR
			10.00-ARARTS
			88.75-ARSLPP

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: WILLIAM W. MCKIBBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02

Date

352-266-3243

Daytime Phone #

10f2

01-02

CR2E081 (9/01)

20fZ

MAIN FRAMERS INC.

P.O. Box 1656
OCALA, FL 34482
Phone 352-266-3243
Fax 352-369-1438

May 13, 2002

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Friend,

Main Framers Inc did not receive any information to pay their annual fees because the information was mailed to a street address where no mail is received(2929 N.E. 106 th St) instead of our P.O. Box #1656 Ocala FL 34478. Please accept this letter as our reason for not paying our dues in a timely manner.

Sincerely, W.W. McKibbin

Signature *WW McKibbin*