

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 228

PO1000008839

1. Corporation Name

MARIGOLD CONSSTRUCTION,

REINSTATEMENT 03-24

2. Principal Office Address

1150 lee blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

1B

Suite, Apt. #, etc.

same

City & State

LEHIGH ACRES, FL

City & State

SAME

Zip

33936

Country

LEE

Zip

SAME

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 2000 -

5. FEI Number

59-3694558

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

PAUL DINGER

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33936

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

PAUL DINGER
REGISTERED AGENT MUST SIGN

Date 4/12/04

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	PAUL DINGER d	17751 WILDCAT DR	FT MYERS FL 33913
V P	WILLIAM D. BEELER -	1016 SUPERIOR ST #172	FT MYERS, FL 33916

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:

PAUL DINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (239)
368-3200
Date Daytime Phone #

CR2E081 (01/04)