

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 4:10

TALLAHASSEE, FLORIDA.

DOCUMENT # PD200009/2817

1. Corporation Name

MIKE'S SIDEWALK, INC.

2. Principal Office Address

3631 NW 37th St

Suite, Apt. #, etc.

City & State

lauderdale lakes FL

Zip

33309

Country

Broward

3. Mailing Office Address

3631 NW 37th St.

Suite, Apt. #, etc.

City & State

lauderdale LAKES, FL

Zip

33309

Country

Broward

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02-04-2002

5. FEI Number

030388485

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

Michael Morgan

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

3631 NW 37th Street

Suite, Apt. #, Etc.

City

lauderdale lakes

State

FL

Zip Code

33309

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

Michael Morgan

REGISTERED AGENT MUST SIGN

Date 10-24-03

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
P/D	Michael Morgan	3631 NW 37th St.	lauderdale lakes, FL 33309

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:

Michael Morgan Michael Morgan - PRES - 10/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-
253-
4683

CR2E081 (10/02)

October 24, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Mike's Sidewalk Inc.

To Whom It May Concern:

Please be advised that we did not receive a notice of renewal on our Corporation and would like the reinstatement fee waived. Our office had moved and we did put an address change to the post office.

Thank you very much for your assistance. A reinstatement form is enclosed along with the renewal fee of \$150.

Sincerely,


Michael Morgan
President

MM/sjf
Encl: