

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000024063

1. Corporation Name

Mike OBrien Inc.

2. Principal Office Address

615 Pennsylvania Ave

Suite, Apt. #, etc.

City & State

St cloud FL

Zip

34769

Country

USA

3. Mailing Office Address

615 Pennsylvania Ave

Suite, Apt. #, etc.

City & State

St cloud FL

Zip

34769

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

010608956

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

Mike OBrien

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

615 Pennsylvania Ave

Suite, Apt. #, Etc.

City

St cloud FL

State

FL

Zip Code

34769

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

Mike OBrien

Date 3-6-06

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
Pres.	<u>Mike OBrien</u>	<u>615 Pennsylvania Ave</u>	<u>St cloud FL 34769</u>
	<u>PR 5/11</u>		

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05/12/06--01025--011 **150.00

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:

Mike OBrien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

Date

Daytime Phone #

(407) 709-4426