

608.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 JAN 12 AM 8:58

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P02000027448

1. Corporation Name Mulder Construction of Southwest Florida Inc.

REINSTATEMENT 07-10

000165911660 01/12/10--01026--006 \*\*608.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 18246 Hepatica Road

3. Mailing Office Address SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Fort Myers, FL

City & State

Zip 33967

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida March 12, 2002

5. FEI Number 020546793

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Mark T. Mulder

Street Address (P.O. Box Number is Not Acceptable) 18246 Hepatica Road

Suite, Apt. #, Etc.

City Fort Myers

State FL Zip Code 33967

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 1-08-2010 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, Mark T. Mulder, 18246 Hepatica Road, Fort Myers, FL 33967.

10. E-mail Address: mulderconstruction@yahoo.com (To be used for future annual report notification)

11. 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. I further certify 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: [Signature] Date 1-08-2010 239-672-9305 Daytime Phone #