

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:00

DOCUMENT # **P02000036562**

1. Corporation Name

MEN AT WORK BUILDING GROUP INC.

Principal Place of Business

P.O. BOX 160696
ALTAMONTE SPRINGS FL 32716

Mailing Address

P.O. BOX 160696
ALTAMONTE SPRINGS FL 32716

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2002

5. FEI Number

030422735

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	St. Croix, William T	571 Quail Ave	Altamonte Springs, FL 32714

8. Name and Address of Current Registered Agent

ST.CROIX, WILLIAM T
571 QUAIL AVE
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William St. Croix

REGISTERED AGENT MUST SIGN

Date

12/15/03

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 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 St. Croix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03 407.660.0300

Daytime Phone #

CR2E040 (7/03)



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MEN AT WORK
BUILDING GROUP INC.
COMPLETE HANDYMAN SERVICE
LICENSED & INSURED

December 15, 2003

To whom it may concern:

The Florida Department of state has dissolved my corporation for failing to file my 2003 corporation annual report (UBR). This is because I have never received a UBR notice. Attached is my application for reinstatement and the required fee of \$150.00.

Thank you for your prompt attention regarding this matter. Could you please advise me as to all necessary requirements Men at Work Building Group Inc. must confirm to? In addition, could you send a copy of an UBR Report?

If you have any questions contact us @ 407-660-0300.

Sincerely,

William St. Croix