

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 27 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036669**

1. Corporation Name

MICHAEL PADON CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL PADON
6102 PALM DRIVE
FORT PIERCE FL 34982

C/O MICHAEL PADON
6102 PALM DRIVE
FORT PIERCE FL 34982



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2002

5. FEI Number

03-0413563

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
Pres	Michael Padon	6102 Palm Dr	Ft Pierce, FL, 34982

600024099896

10/27/03--01004--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PADON, MICHAEL
6102 PALM DRIVE
FORT PIERCE FL 34982

Name

Same as

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

Michael Padon
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Michael Padon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 (772) 370-1818
Date Daytime Phone #

CR2E040 (7/03)

MICHAEL PADON CONSTRUCTION, INC.

6102 Palm Drive
Fort Pierce, FL 34982
Phone (772)370-1818
mpconsinc@aol.com

Ref: Unified Business Report

To whom it may concern,

I didn't receive anything from the department of state division of corporations until mid October.
I was sent application for Reinstatement . The application is filled out.
Can you give me information to file next year Uniformed business report online.

Michael Padon