

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 17 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000040229

1. Corporation Name

MDT INSTALLATION & SERVICES INC

000198437050
03/17/11--01039--010 **900.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

346 Lakeview DR

Suite, Apt. #, etc.

3. Mailing Office Address

346 Lakeview DR

Suite, Apt. #, etc.

City & State

N. Ft. MYERS FL

Zip

33917

Country

USA

City & State

N. Ft. MYERS FL

Zip

33917

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-12-2002

5. FEI Number

46-0475677

☐ 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

MARK THEDE

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

346 Lakeview DR

Suite, Apt. #, Etc.

City

N. FT. MYERS

State

FL

Zip Code

33917

REINSTATEMENT 10-11

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

Mark Thede

Date 3-8-11

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
P/V/D	MARK THEDE	346 Lakeview DR	N. FT. MYERS FL 33917

10. E-mail Address: DO NOT HAVE COMPUTER

(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: MARK THEDE & Mark Thede
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-11 239-543-9467
Date Daytime Phone #