

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

04 JAN -2 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069114

1. Corporation Name

MIKE SOEST, INC.

Principal Place of Business

Mailing Address

~~6768 MAUNA LOA BLVD~~  
SARASOTA FL 34241

~~6768 MAUNA LOA BLVD~~  
SARASOTA FL 34241



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

2. New Principal Office Address, If Applicable

4728 Charing Cross Rd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4728 Charing Cross Rd.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/2002

5. FEI Number

FIN 11-3664374

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOEST, MICHAEL C	<del>6768 MAUNA LOA BLVD</del> <u>4728 Charing Cross Rd</u>	SARASOTA FL 34241
S	SOEST, JULIE A	<del>6768 MAUNA LOA BLVD</del> <u>4728 Charing Cross Rd.</u>	SARASOTA FL 34241
T	HALE, DAVID	6768 MAUNA LOA BLVD	SARASOTA FL 34241

000025939600  
01/02/04--01053--021 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARON, ROGER J  
3439 TALLYWOOD LN  
SARASOTA FL 34237

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

Michael C. Soest  
REGISTERED AGENT MUST SIGN

Date

12/30/03

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 C. Soest  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03 941-780-1153

Date

Daytime Phone #

CR2040 (7/03)