

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080314

1. Corporation Name

MP CONSTRUCTION SERVICE INC
7385 MOSS GROVE GARDEN

400030498694
03/16/04--01004--001 **150.00

2. Principal Office Address

7385 MOSS GROVE GARDEN

3. Mailing Office Address

7385 MOSS GROVE GARDEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32807

Country

U.S.A

Zip

32807

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
32-0030715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MARIO PELCASTRE

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

7385 MOSS GROVE GARDEN

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32807

400030498694
04/19/04--01060--007 **300.00

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

Mario Pelcastre
REGISTERED AGENT MUST SIGN

Date 03-13-2004

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
PD	MARIO PELCASTRE	7385 MOSS GROVE GARDEN	ORLANDO, FL 32807

10. 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:

Mario Pelcastre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/04

Daytime Phone #

CR2E081 (01/04)

TR