PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

						ı	
	PORATION STATEMENT	Se Se	EPARTMENT OF STATE ecretary of State on of corporations		FILED 04 AUG -2 PH 12: 10		
DOCUMENT # (0200088420				And the second s	SECRETARNO STATE TALLAHASSIE FLORIDA	garan arisonaria	
Myers Design Construction + Albuninum Inc.						2 d d d d d d d d d d d d d d d d d d d	
2. Principal Office Address 3. Mailing C			CO Addroce	_			
707(Le Over look Dr.	7076	7076 Overloaf Dr.		I PENSTATEMENTS-04		
Suite, Apt. #	, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		4. Date incorporated or Qualified		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	City & State		To Do Business in Florida 8-14-2002		
HM.	ieus FI.	FIM	FIM YOUR FI.		5. FEI Number — Applied For — Applied For — Not Applies blo		
Zip Country		Zip			6. SERTISCATE OF STATUS DESIDED S8.75 Additional Fee required		
3391	9 U.S.	33919	<u> </u>	i CERTIFICATI	E OF STATUS DESIRED for a Certificat		
Name Scott D. Myevs Street Address (P.O. Box Number is Not Acceptable) Totle Over look Suite, Apt. #, Etc.							
	City F1 Myeus F1			***************************************	State Zip Code FL 33616		
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 Date 7-37-04 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 Dire	ectors	Street Address of E Officer and/or Dire		City / State / Zip		
Pres,	s, Scort II, Myers		707ce Overload Dr.		FIM yous FT. 53919		
16-	-dichard-G. I	Sey	7074 Over loo IV.		FI Myers FI, 33919		
	₹	`					
				0871	00040123945 70401011002 **300	0.00	
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 filling 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 quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

ereflectine carran e de-se. Of y O on y - Down (-time) y in alse elso

TO:

Florida Department of State Secretary of State Division of Corporations

FROM:

SEMSG.

Scott Myers

SUBJECT: Corporation Reinstatement

I am writing this in reference to a conversation I had July 27, 2004, with an associate from your office. My bank brought to my attention that my Corporation, Myer's Design, had not been renewed. I immediately called your office. Upon research, your associate discovered the address you have on file was incorrect, therefore I had not received renewal information. The address on file was 7067 Overlook Drive. She updated your records to reflect the correct address, 7076 Overlook Drive. At that time she also informed me of penalty fees that apply, but under the circumstance they would be waived.

I am enclosing a Reinstatement Form and \$300 for corporate fees for 2003 and 2004. Per our conversation this is the total amount due to reinstate my corporation.

Please contact me if additional information is needed.