

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000131658*

1. Corporation Name

MR. Build-It OR Fix It Inc

2. Principal Office Address

621 Cheshire Rd

Suite, Apt. #, etc.

City & State

Alturas FL

Zip

33877

Country

Polk

3. Mailing Office Address

P.O. Box 217

Suite, Apt. #, etc.

City & State

Wauchula FL

Zip

33877

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

12-18-2002

5. FEI Number

27-0039144

☒ 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

John R Brown

200028003892

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

621 Cheshire

Suite, Apt. #, Etc.

City

Alturas

State

FL

Zip Code

33821

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

John R Brown

REGISTERED AGENT MUST SIGN

Date

1-7-04

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
<i>CIE/O</i>	<i>John R Brown</i>	<i>621 Cheshire</i>	<i>Alturas FL 33821</i>

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:

John R Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04

Date

863-287-6564

Daytime Phone #

CR2E081 (9/01)