

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 19 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800166589758

01/19/10--01036--012 **150.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

72-1574992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

CORPORATION

REINSTATEMENT

2010 AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P03000130866

1. Corporation Name

Mark S. Herring, Inc.

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

8117 Crystal Wells Place
Suite, Apt. #, etc.

3. Mailing Office Address

8117 Crystal Wells Place
Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

Escambia

Zip

32514

Country

Escambia

7. Name and Address of Current Registered Agent

Name

Mark S Herring

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

8117 Crystal Wells Place

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Mark S Herring	8117 Crystal Wells Place	Pensacola, Florida 32514

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 contained in Chapter 119, 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 #

Mark S Herring President

1-14-10

(850) 484-9758

1/20/20