

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 14 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137280

1. Corporation Name

Michael Downs Inc.

REINSTATEMENT 04-06

2. Principal Office Address

1421 SW 9th Ct

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33941

Country

America

Zip

Country

America

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2003

5. FEI Number

20-1316399

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

Michael Downs SR.

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

1421 SW 9th Ct

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33941

600074057276

05/05/06--01019--031 **450.00

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

Michael Downs SR.

Date 4/12/06

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Michael Downs SR.	1421 SW 9th Ct	Cape Coral FL 33941
J. Pres	Patricia Downs	Same	Same

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

4/12/06

Daytime Phone #

239-821-5148

4/12/2006

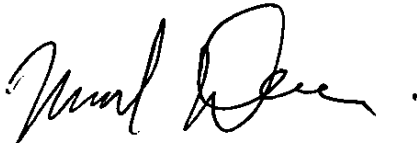
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Florida Department of State,

This letter is to inform you of the fact that I did not receive a 2004 post card notifying me to renew or file my annual report. If you could please wave the fee I would greatly appreciate it.

Along with this letter is a form for corporation reinstatement and a check for \$450.00 for the years 2004/2005/2006.

Thank you,



Michael Downs
Phone # (239)821-5148