

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000006178

1. Corporation Name

MSE Framing, Inc.

FILED
09 FEB 10 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # Dr. E. 3449 Shady Brooke
Suite, Apt. #, etc.

3. Mailing Office Address Dr. E. 3449 Shady Brooke
Suite, Apt. #, etc.

City & State
Mulberry FL.

Zip Country
33860 Polk

City & State
Mulberry FL.

Zip Country
33860 Polk

4. Date Incorporated or Qualified
To Do Business in Florida 01-08-2004

5. FEI Number 200593287 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 Sanchez Mario E.

Street Address (P.O. Box Number is Not Acceptable)
3449 Shady Brooke Dr. E.

Suite, Apt. #, Etc.

City State Zip Code
Mulberry FL 33860

☐ 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.

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 Sanchez

Date 02-06-09

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
PT	Sanchez Mario E.	3449 Shady Brooke Dr. E.	Mulberry Florida 33860
V	Sanchez Angel	3449 Shady Brooke Dr. E.	Mulberry Florida 33860
S	Sanchez Antonio E.	3449 Shady Brooke Dr. E.	Mulberry Florida 33860

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02/10/09--01006--017 **1050.00

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 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: Mario Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-09

Date

Daytime Phone #

2/11/09