

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000066378

1. Entity Name
MI BUILDERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 11:31

Principal Place of Business
1220 DOUGLAS AVE
SUITE 101
LONGWOOD, FL 32779-5000 US

Mailing Address
1220 DOUGLAS AVE
SUITE 101
LONGWOOD, FL 32779-5000 US

2. Principal Place of Business - No P.O. Box #
149 LAKE DRIVE

3. Mailing Address
149 LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando

City & State
Orlando

Zip
32835

Country
USA

Zip
32835

Country
USA

04172008 REIN-P CR2E098 (1/07)

4. FEI Number
20-1076374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANISCALCO, DOUGLAS
3292 OAKMONT TERR
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Irving Wurst, III

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

City
Orlando

FL Zip Code
32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-18-8

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete

NAME
WURST, IRVING III

STREET ADDRESS
149 LAKE DRIVE

CITY-ST-ZIP
ORLANDO, FL 32835

TITLE
VP ☐ Delete

NAME
MANISCALCO, MICHAEL

STREET ADDRESS
509 OAKCREST STREET

CITY-ST-ZIP
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
100125038831

CITY-ST-ZIP
04/22/08--01019--020 **300.00

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING S WURST III

4-18-8

407 758 7192

Date

Daytime Phone #