

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 24 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

300170455573
02/24/10--01037--018 **458.75

CR2E081 (11/09)

DOCUMENT # P04000101954

1. Corporation Name

GUIRLANDE MARDY, PA

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

14541 DRAFT HORSE LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

Zip

Country

Zip

Country

33414

4. Date Incorporated or Qualified

To Do Business in Florida 2004

5. FEI Number

20-0619637

☐ 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

GUIRLANDE MARDY

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

14541 DRAFT HORSE LANE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/22/10

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	GUIRLANDE MARDY	14541 DRAFT HORSE LANE	Wellington, FL 33414
			M. MILLIGAN EXAMINER
			FEB 25 2010

10. E-mail Address: mguirlande@msn.com

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/10

Date

Daytime Phone #