

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG 12 PM 12:33

DOCUMENT #

P04000115764

1. Corporation Name

MITCHELL VAN BEEK'S CONSTRUCTION INC.

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

10223 DARTMOOR ST.

3. Mailing Office Address

10223 DARTMOOR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

City & State

LEESBURG, FLORIDA

Zip

34788

Country

LAKE

Zip

34788

Country

LAKE

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2004

5. FEI Number
77-0644412

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

MITCHELL VAN BEEK

Street Address (P.O. Box Number is Not Acceptable)
10223 DARTMOOR ST.

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34788

☒ 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

Mitchell Van BEEK

REGISTERED AGENT MUST SIGN

Date

7-30-2009

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	MITCHELL VAN BEEK	SAME AS ABOVE	
SEC	MITCHELL VAN BEEK		
TREAS	MITCHELL VAN BEEK		
DIR	MITCHELL VAN BEEK		

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:

Mitchell Van BEEK

MITCHELL VAN BEEK, PRESIDENT

7-30-2009

352-602-0913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #