

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 04000125388**

1. Corporation Name **Mike Parsons' Finish Carpentry**

11-12-2004-0003-020 ***150.00

REINSTATEMENT

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2. Principal Office Address
2080 Seminole Blvd

Suite, Apt. #, etc.

3. Mailing Office Address
2080 Seminole Blvd

Suite, Apt. #, etc.

City & State
West Melbourne, FL

Zip
32904 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **Aug. 31, 2004**

5. FEI Number
38-3708228 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 Parsons

Street Address (P.O. Box Number is Not Acceptable)
2080 Seminole Blvd

Suite, Apt. #, Etc.

City
West Melbourne, FL

State
FL Zip Code
32904

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]

Date **12-30-05**

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
P/V/D	Michael Parsons	2080 Seminole Blvd	West Melbourne, FL 32904
S/D	Susan L. Burrows	2080 Seminole Blvd	West Melbourne, FL 32904

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 under section 119.07(3)(i), 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] 12-30-05 321-508-5816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JAN 4 2005