

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 23 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006067**

1. Corporation Name

Mark B. Thibideau DUM PA

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

903 Curlew Rd

Suite, Apt. #, etc.

3. Mailing Office Address

903 Curlew Rd

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin, FL

Zip

34698

Country

USA

Zip

34698

Country

USA

600177298196

04/23/10--01053--008 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

593152092

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

Mark B Thibideau DUM PA

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

903 Curlew Road

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Mark B Thibideau DUM PA

REGISTERED AGENT MUST SIGN

Date

4/20/10

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	Mark B Thibideau	1314 Normandy Circle	Palm Harbor FL 34683

10. E-mail Address: **g8or86@aol.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:

Mark B Thibideau DUM PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/10

Daytime Phone #

7277818696

mlb26aw