

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -1 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040362

1. Corporation Name

**THE MICHAELS GROUP, BUILDERS OF S W FLORIDA, IN
C.**

Principal Place of Business

950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33982

Mailing Address

950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33982

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip
34145

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip
34145

Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/01/1993

5. FEI Number

65-0465433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TANCRETI, MICHAEL	88 MYACINTH DR 411 Nassau Ct.	MARCO IS, FL 34145
S	TANCRETI, CHRISTINE	85 MYACINTH DR 411 Nassau Ct.	MARCO IS, FL 34145
T	TANCRETI, MICHAEL	85 MYACINTH DR 411 Nassau Ct.	MARCO IS, FL 34145
VP	ROBERTS, STEPHEN M	65 SEAVIEW COURT UNIT B-318 411 Nassau Ct.	MARCO ISLAND FL 34145

8. Name and Address of Current Registered Agent

KRAMER, FREDERICK C
950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33982 34145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-25-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97

Date

941/394-8192

Daytime Phone #

CR2E040 (8/97)