

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 93 0000 54443

1. Corporation Name

M & D construction service

Principal Place of Business

Mailing Address

8545 S.W. 114th Court
Miami, Florida 33173

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1993

City & State

City & State

5. FEI Number

65 0426599

Applied For

Not Applicable

Zip

Country

Zip

Country

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
Pre.	David Crawford	8545 S.W. 114th Ct	Miami, Fl. 33173
Vice-Pres	David Crawford	8545 S.W. 114th Ct.	Miami Fl. 33173
Sec.	David Crawford	8545 S.W. 114th Ct.	Miami, Fl. 33173
Trea.	David Crawford	8545 S.W. 114th Ct.	Miami, Fl. 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID CRAWFORD

8545 S.W. 114th Court

Miami, Florida 33173

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

David Crawford

REGISTERED AGENT MUST SIGN

Date August 31, 1998

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)(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:

David Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Crawford

8/31/98

(305) 273 9353

Date

Daytime Phone #

FILED

98 SEP 14 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

94-98
AD

CR2E040 (7-98)