

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 11: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070734

1. Corporation Name

Mike Bolebruch Construction, Inc

2. Principal Office Address

3530 Trail Dairy Circle

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

Zip

33917

Country

Lee

3. Mailing Office Address

3530 Trail Dairy Circle

Suite, Apt. #, etc.

City & State

North Fort Myers FL

Zip

33917

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/93

5. FEI Number

450442274

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

F. M. Bolebruch

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

3530 Trail Dairy Circle

Suite, Apt. #, Etc.

City

North Fort Myers

State

FL

Zip Code

33917

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

F. Michael Bolebruch

REGISTERED AGENT MUST SIGN

Date 2/5/01

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/Off	F. Michael Bolebruch	3530 Trail Dairy Circle	North Fort Myers, FL 33917
V.P./Sec	Christine Bolebruch	3530 Trail Dairy Circle	North Fort Myers, FL 33917

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:

Christine E. Bolebruch

Christine E. Bolebruch

Date

2/5/01

941-

574-8500

Daytime Phone #

or 941-633-0909