

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000085878

1. Corporation Name

M.P.A. INTERNATIONAL, INC.

Principal Place of Business

7501 PORTOSUENO AVE W
BRADENTON FL 34209

Mailing Address

7501 PORTOSUENO AVE W
BRADENTON FL 34209

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1993

5. FEI Number

65-0454589

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)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

P

BOLDUC ROGER

7501 PORTOSUENO AVE W

BRADENTON FL 34209

500024376925

11/03/03--01045--001 **150.00

8. Name and Address of Current Registered Agent

STEVIN, ALAN
4002 2ND AVE E
BRADENTON FL 34208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

BRADENTON

FL

34209

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT MUST SIGN
Roger Bolduc

Date

10/27/03

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 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:

ROGER BOLDUC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/03 941-737-5372

CR2E040 (7/03)

October 7, 2003

Ms. Glenda Hood, Secretary of State
Florida Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Dear Ms. Hood:

Enclosed please find payment in the amount of \$150.00, for the 2003 Uniform Business Report for M.P.A. International, Inc.

I never received the form. This is the reason why it was never paid.

Please accept my apology and this payment for reinstatement of my corporation.

Sincerely,

A handwritten signature in cursive script that reads "Roger Bolduc".

Roger Bolduc
President