

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056717

1. Corporation Name

M & R SURFACES OF NAPLES, INC.

Principal Place of Business

Mailing Address

824 98TH AVE., N.
NAPLES FL 33963
US

824 98TH AVE., N.
NAPLES FL 33963
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1994

5. FEI Number

65-0442915

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	4 City / State / Zip
D	MAINS, ORVAL	824 98TH AVE. N.	NAPLES FL
O	MAINS, JULIE	824 98TH AVE. N.	NAPLES FL

500003033115-6
-11/02/99--01099--024
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAINS, ORVAL
824 98TH AVE. N.
NAPLES FL 34108

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

[Signature]

Date 10-18-99

REGISTERED AGENT MUST SIGN

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:

[Signature] Julie Mains
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-99

Daytime Phone #

941-591-4750

(2)

10-19-99

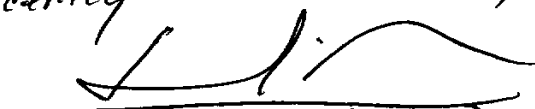
TO: Florida Dept. of State
Divisions of Corp.
Tallahussee, Fl. 32314-6327

From:
M & R Surfaces of Naples
824 98th Ave. N.
Naples, FL 33963
941/591-4750 Fx 591-0915

To Whom it may concern:

On Oct. 8th 1999 we recieved a packet from the State Dept. with the notice that we had failed to file our corporation annual report. AT this time I looked up when we had mailed out the first report & check #. We wrote a check on 2-13-99 #5600 and mailed it with the report on or about 2-16-99. I apologize for not noticing the check #5600 had never cleared through our bank. Please accept this replacement check # 6124 dated 10-18-99 and the annual report with it.

Thank-you Sincerely


Julie Mams (owner)