

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 28 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056717

1. Corporation Name

M & R SURFACES OF NAPLES, INC.

Principal Place of Business

Mailing Address

27674 OKEANA ST
BONITA SPRINGS FL 34134
US

27674 OKEANA ST
BONITA SPRINGS FL 34134
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

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0442915

Applied For

Not Applicable

City & State

City & State

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
P	MAINS, ORVAL	27674 OKEANA ST	BONITA SPRINGS FL 34134
D	MAINS, JAY <i>Deleted</i>	27674 OKEANA ST	BONITA SPRINGS FL 34134

000004733270--5
12/19/01--01065--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAINS, ORVAL
27674 OKEANA ST
BONITA SPRINGS FL 34134

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

[Signature]

Date

10/22/01

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/01

Date

Daytime Phone #

941-9492091

CR2E040 (8/01)

Please Do Not
Detach

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**TO; DIVISION OF COPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**FROM; M&R SURFACES OF NAPLES
27674 OKEANA ST.
BONITA SPRINGS, FL 34134**

To Whom It May Concern, I, ORVAL MAINS, am sending this letter to you regarding my 2001 corporation annual report. The only form I received from your division is this reinstatement application that I am sending back to you with this letter and check for \$150.00. When I received the reinstatement application I immediately called the #8502456059 and was informed to write a letter to let you know that I had not received the first notice.

**SINCERELY, Orval Mains *Orval*
Orval Mains(owner of M&R Surfaces)**