

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 11 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071404

1. Corporation Name

Bestway Portable Buildings of  
Marianna Inc.

WD5-30725

2. Principal Office Address

3614 Hwy 90

Suite, Apt. #, etc.

3. Mailing Office Address

3614 Hwy 90

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

Country

32446

Jackson

City & State

Marianna, FL

Zip

Country

32446

Jackson

**REINSTATEMENT**

DD-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3269715

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

Dale Koppel

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

3614 Hwy 90

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

000056449500

06/23/05--01002--004 \*\*1500.00

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

REGISTERED AGENT MUST SIGN

Date

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
President	Dale Koppel	3614 Hwy 90	Marianna, FL 32446
V.P.	Michael Koppel	887518 NAUTICAL CT	SOUTHPORT FL 32409

06/15/15

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-21-05 850-492-8882

CR2E061 (01/05)