

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038231

1. Corporation Name

MICHAEL J. MENDOLA, INC.

Principal Place of Business

791 CAMINO LAKE CIRCLE
BOCA RATON FL 33486
US

Mailing Address

791 CAMINO LAKE CIRCLE
BOCA RATON FL 33486
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4409 SW. Long Bay Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4409 SW. Long Bay Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1996

5. FEI Number

65-0670812

Applied For

Not Applicable

City & State

Palm City, FLA

City & State

Palm City FLA

Zip

34990

Country

USA

Zip

34990

Country

USA

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
PSTD	MENDOLA, MICHAEL J	791 CAMINO LAKES CIRCLE	BOCA RATON FL 33486

300009166993
11/22/02 01035 016 **750.00

8. Name and Address of Current Registered Agent

MENDOLA, MICHAEL J
791 CAMINO LAKES CIRCLE
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

Mendola, Michael J

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

4409 SW. Long Bay Drive
Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/18/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02 772 223 1442
Date Daytime Phone #

CR2E040 (8/02)