

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000060441**

1. Corporation Name

M & S - BELLE GLADE, INC.
2038 WEST CANAL STREET SOUTH
BELLE GLADE, FL 33430-1646

2. Principal Office Address

2038 WEST CANAL ST. SOUTH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

City & State

SAME

Zip

33430

Country

USA

Zip

SAME

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-17-96

5. FEI Number

65-0793869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

DZONSON FILIPOVIC

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

2038 WEST CANAL STREET SOUTH

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

800003203888-9

04/11/00-01098-020

***\$08.75 ***\$08.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-3-00**

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
P	MIROLJUB FILIPOVIC	711 LARGO ROAD	KEY LARGO, FL 33037
S	DZONSON FILIPOVIC	2038 WEST CANAL ST. SOUTH	BELLE GLADE, FL 33430

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

Daytime Phone #

CR2E081 (9/99)