

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 JAN 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097353

1. Corporation Name

MAVERICK TRAFFIC STRUCTURES MANUFACTURING, INC.

Principal Place of Business

2640 EVANS AVENUE
FORT MYERS FL 33901
US

Mailing Address

2640 EVANS AVENUE
FT. MYERS FL 33901
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1996

5. FEI Number

65-0713132

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	MCINTYRE, DOUG	5040 PALMETTO WOODS DR	NAPLES FL 34119
			200003602932--8
			-01/30/01--01130--033
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

MCINTYRE, DOUG
5060 4TH AVENUE S.W.
NAPLES FL 33909

9. Name and Address of New Registered Agent

Name

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

5040 PALMETTO WOODS DR

Suite, Apt. #, Etc.

4586 PROGRESS AVE

City

NAPLES

State

FL

Zip Code

34104

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

REGISTERED AGENT MUST SIGN

Date 01/23/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

941-643-0266

Daytime Phone #

CR2E040 (8/00)