

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Michels Screening, Inc
P97000010857

800164088438
12/31/09--01054--005 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

Douglas C Michels
Suite, Apt. #, etc.

3. Mailing Office Address

5088 Old Dixie Hwy
Suite, Apt. #, etc.

City & State

Grant FL

City & State

Zip

Country

32949

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-31-97

5. EEI Number

59-3422102

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

Douglas C Michels

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

5088 Old Dixie Hwy

Suite, Apt. #, Etc.

City

Grant

State

FL

Zip Code

32949

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 12-24-09

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
Pres	Douglas C Michels	5088 Old Dixie Hwy	Grant FL 32949

REINSTATEMENT

RH

10. E-mail Address: Michels Screening @ Hotmail. Com

(To be used for future annual report notification)

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, I further certify, 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

Date

12-24-09 321-208-5650

Daytime Phone #