

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 99-2000 097000053892

Corporation Name

Modern-Age Construction Pre-Fabricated Wall, Inc.

REINSTATEMENT 99-00

Principal Office Address

11884 63rd Lane North

3. Mailing Office Address

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/97

5. FEI Number

65-0777584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Royal Palm Beach, Florida

City & State

Zip

33412-2011

Country

United States

Zip

Country

7. Name and Address of Current Registered Agent

Name

Pitsley R. Briscoe

100003178541-2

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

11884 63rd Lane North

Suite, Apt. #, Etc.

City

Royal Palm Beach

State
FL

Zip Code
33412-2011

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 2/14/2000

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.	Pitsley R. Brisco	11884 63rd Lane North	Royal Palm Beach, Florida 33412-2011
			100003178541-2 -03/22/00--01002--004 ****150.00 ****150.00
			2/13/15

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

2/14/2000

Date

561-254-5252

Daytime Phone #