

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060760**

1. Corporation Name

**Mark Edwards Painting Contractor, Inc.
449-101 Wiggins Lake Court
Naples, FL 34110**

2. Principal Office Address

449-101 Wiggins Lake Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Apt. 101

Suite, Apt. #, etc.

City & State

Naples, FL 34110

City & State

Zip

34110

Country

USA

Zip

Country

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

7-8-98

5. FEI Number

65-0851966

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

Mark E. Doheny

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

449-101 Wiggins Lake Ct.

Suite, Apt. #, Etc.

Apt. 101

City

Naples

State

FL

Zip Code

34110

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]

Date

REGISTERED AGENT MUST SIGN

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,D	Mark E. Doheny	449-101 Wiggins Lake Ct.	Naples, FL 34110

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

Mark E. Doheny

Date

239-825-7003

Daytime Phone #

CR2E081 (10/02)