

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT.# P99000005921

1. Corporation Name

M & T CONSTRUCTION SERVICES, INC.

FILED

01 MAR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~8484 TOMKOW RD.~~
LAKELAND FL 33809

8484 TOMKOW RD.
LAKELAND FL 33809



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

REINSTATEMENT

0001

2. New Principal Office Address, If Applicable

4722 US Hwy 98 N
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 91901
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1999

5. FEI Number

59-3556824

Applied For

Not Applicable

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33809

Country

US

Zip

33804

Country

US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
B P	BRACKIN, TERRY	8484 TOMKOW RD. 7728 Fox Squirrel Cr.	LAKELAND FL 33809
VP	BRACKIN, MICHAEL E	1423 N. SPRUCE RD.	LAKELAND FL 33809
D	BRACKIN, WAYNE E	4508 LEWELLYN DR.	LAKELAND FL 33810
			8000003929238--0 -03/29/01--01057--007 ****300.00 ****900.00 LS

8. Name and Address of Current Registered Agent

BRACKIN, TERRY

~~8484 TOMKOW RD.~~ 7728 Fox Squirrel Cr.
LAKELAND FL 33809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3-19-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

8638590616

Daytime Phone #

CR2E040 (8/00)