

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -5 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000024421*

**1. Corporation Name**

MPW of South Florida  
P99000024421

**2. Principal Office Address**

4201 Oak Circle

Suite, Apt. #, etc.

41

City & State

Boca Raton, FL

Zip

33431

Country

**3. Mailing Office Address**

P.O. Box 7083

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

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

?

**5. FEI Number**

65-0412320

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

Jeff McLane

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

474 NW 11th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

*10001894012*  
05/14/03--01051--020 \*\*\*00.00

**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 *4/29/03*

**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	Jeff McLane	474 NW 11th St	Boca Raton, FL 33432

**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

4/29/03

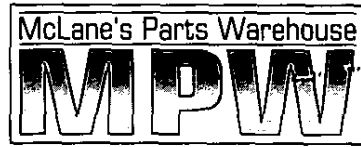
Date

561-393-3915

Daytime Phone #

CR2001 (10/02)

Florida  
P.O.Box 7083  
Boca Raton, FL 33431  
Tel: 561-393-3915  
Fax: 561-394-6853



Website: [separ.com](http://separ.com)  
Distributor & Representative  
for Industrial and Marine Diesel Products

Seattle  
2111 W. Commodore Way  
Seattle, WA 98199  
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To Whom It May Concern:

I have not received the reinstatement form for my corporation for 2002 & 2003.  
We moved from the old address in Coconut Creek, FL. Please send the 2004 statement and all mail to our P.O. Box of 7083, Boca Raton, FL 33431.

I have included the 2002 fee of \$150.00 and the fee for 2003 of \$150.00 as per my conversation with your office on April 29, 2003. So the total check will be for \$300.00.

If you have any questions please call me at 561-393-3915 if you need anymore information. Please fax me if possible the new reinstatement so I can give it to the City of Boca Raton. I cannot get my occupational license without this.

Thank you for your time.

Best Regards,

A handwritten signature in cursive script that reads "Jeff McLane".

Jeff McLane

