

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000034798**

1. Corporation Name

M.V.P. Construction, Inc.

2. Principal Office Address

4200 NW 92 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

2200 NE 26 St

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

City & State

Wilton Manors, FL

Zip

33305

Country

USA

REINSTATEMENT

USD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0919549

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

Stephen W. Gilbertson, CPA

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

2200 NE 26 St

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33305

100003433821-9

-10/20/00-01070-015

*****750.00 ***750.00**

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

Stephen W. Gilbertson, CPA

REGISTERED AGENT MUST SIGN

Date **10/05/00**

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/T/D	Paul V. Murphy	4200 NW 92 Terr Coral Springs, FL 33065	
S/D	Holly A. Murphy	4200 NW 92 Terr Coral Springs, FL 33065	

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:

Paul V. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/00

Date

Daytime Phone #

KE