

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059398

1. Corporation Name

MARK DRIGO, INC.

2. Principal Office Address

8010 NW 96 TERR

Suite, Apt. #, etc.

201

City & State

TAMARAC, FL

Zip

33321

Country

USA

3. Mailing Office Address

8010 NW 96 TERR

Suite, Apt. #, etc.

201

City & State

TAMARAC, FL

Zip

33321

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-28-99 **SP**

5. FEI Number

65-0931860

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 DRIGO

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

8010 NW 96 TERR

Suite, Apt. #, etc.

201

City

TAMARAC

300003631993-4

-02/05/01-01008-006

300.00300.00

State
FL

Zip Code

33321

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

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
D	MARK DRIGO	8010 NW 96 TERR #201	TAMARAC, FL 33321

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:

Mark Drigo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

Daytime Phone #

CR2E081 (9/99)



ACCOUNTING & TAX SERVICE, INC.

2825 N. University Drive, Ste 410 • Coral Springs, Florida 33065
(954) 752-3909 • Fax: (954) 752-7480

202

January 18, 2001

Agent: Sprather
Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Mark Drigo, Inc.

Dear Ms. Sprather:

Thank you for the time you spent with our client, Mark Drigo, Inc. As per your conversation, please find the enclosed renewal form and a check in the amount of \$300.00 (\$150 for 2000 and \$150 for 2001).

To confirm his conversation with you, his address change was during the time of your mailings last year and again this year still has not received a renewal form. On behalf of our client, we thank you for abating any penalties.

Thank you in advance for your continued cooperation and understanding in this matter. Please do not hesitate to contact this office, should you have any further questions.

Respectfully,

A handwritten signature in cursive script that reads 'Cindy Broadwater'.

Cindy Broadwater
Operations Manager