

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000081351

1. Corporation Name

MARK LILES CARPENTRY, INC

2. Principal Office Address

16118 62ND ROAD NORTH

Suite/Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

3. Mailing Office Address

16118 62ND ROAD NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

REINSTATEMENT 03-04

000027918950

02/13/04--01042--012 **150.00

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

09/08/1999

5. FEI Number

65-0948217

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 LILES

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

16118 62ND ROAD NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE, FL

State

FL

Zip Code

33470

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

Mark Liles

REGISTERED AGENT MUST SIGN

Date

1-27-04

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
PRES	MARK LILES	16118 62ND ROAD NORTH	LOXAHATCHEE, FL 33470

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

Date

1-27-04

Daytime Phone #

374112

CR2E081 (10/02)

HANNA ACCOUNTING & TAX SERVICE, INC
2202 22ND LANE
GREENACRES, FL 33463
561-439-5662-PHONE
561-439-1792-FAX
gailhanna@bellsouth.net

January 26, 2004

Re: Mark Liles Carpentry, Inc
Document # P99000081351
Wavier of Reinstatement Fee

Ladies and Gentlemen:

Enclosed please find the Corporation Reinstatement Form for Mark Liles Carpentry, Inc.
Document # P99000081351 and a check in the amount of \$150.00 for the Annual
Uniform Corporation Report for 2003.

**We did not receive the report in the mail for 2003 and request a Wavier of
Reinstatement Fees.**

Thank you in advance for your cooperation in this matter. I understand I am able to file
the 2004 report online.

Sincerely

Gail Hanna, E.A.

Gail Hanna, EA