

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P99000081722

1. Corporation Name

MIKE NEILSON HOMES, INC.

Principal Place of Business

Mailing Address

333 HAMPTON HILLS COURT

333 HAMPTON HILLS COURT

DEBARY FL 32713

DEBARY FL 32713

128 Treemonte Dr.
Orange City FL 32764

P.O. Box 530338
DeBary FL 32753-0338

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

2. New Principal Office Address, If Applicable

128 Treemonte Dr

Suite, Apt. #, etc.

Orange City FL

City & State
32764

Zip
32764

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 530338

Suite, Apt. #, etc.

DeBary FL

City & State
32753

Zip
32753

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1999

5. FEI Number

59-3606062

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NEILSON, MICHAEL S	333 HAMPTON HILLS COURT	DEBARY FL 32713
D	NEILSON, SHEILA	333 HAMPTON HILLS COURT	DEBARY FL 32713
			600004785216--9 -01/18/02--01072--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

NEESON, MICHAEL E Mike Neilson
333 HAMPTON HILLS CT
DEBARY FL 32713

9. Name and Address of New Registered Agent

Name: Michael E. Neilson
Street Address (P.O. Box Number is Not Acceptable)
128 Treemonte Dr
Suite, Apt. #, Etc.
Orange City
City
State FL Zip Code 32764

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

X *Michael E. Neilson*
REGISTERED AGENT MUST SIGN

Date 11-23-01

AD

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:

Michael E. Neilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

386 456-0197

Daytime Phone #

-2-

Mrs. Harris,

I did not receive a form
to sign in January from your
office to renew my pre. status.
I am told I should have, and since
I didn't sign this form I now need
to sign this reinstatement form.

Sincerely,
Gwen

Mabel & Nether