

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 AM 10:29

DOCUMENT # 577527

1. Corporation Name

M+R BUILDING CONTRACTORS INC

2. Principal Office Address

12420 LAKE DENISE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

12420 LAKE DENISE BLVD

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

08.28.91

5. FEI Number

593083297

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

MICHAEL S. KEMP

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

12420 LAKE DENISE BLVD 200027372502

Suite, Apt. #, Etc.

01/21/04--01101--008 **458.75

City

CLERMONT

State

FL

Zip Code

34711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-01-04

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
D	MICHAEL S. KEMP	12420 LAKE DENISE BLVD	CLERMONT FL 34711

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

01-01-04 352-267-2231

Date

Daytime Phone #

1/2/04