

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650395

1. Corporation Name

Flexible Products Corp

2. Principal Office Address

14000 66th St.

Suite, Apt. #, etc.

City & State

LARGO

Zip

33771

Country

USA

3. Mailing Office Address

14000 66th St.

Suite, Apt. #, etc.

City & State

LARGO

Zip

33771

Country

USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1955979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard D. Moyse

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

14000 66th St.

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33771

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

Date

REGISTERED AGENT MUST SIGN

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
DPVP	Richard D. Moyse	12891 Hibiscus Ave	Seminole, FL 33776

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

500059107279
08/01/05--01057--006 **300.00

7/15/05

Date

727-536-4412

Daytime Phone #

CR2E061 (01/05)

Discount Boat Tops
14000 66th Street
Largo, Florida 33771

July 15, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

Attached please find the Reinstatement Application along with a check in the amount of \$300.00. Our company was not aware that the state deactivated our corporation. We were not sent any notices for renewal or deactivation. I found out after contacting another government agency regarding another matter and was told at that time. I was taken by surprise because I had no knowledge of this at all.

I respectfully request that penalties be waived .

Thank you for your consideration in the matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Moyse", with a long horizontal flourish extending to the right.

Richard D. Moyse
President
727-536-4412