

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 PH 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851707

1. Corporation Name

MOORE HANDLEY, INC.

2. Principal Office Address

3140 PELHAM PKWY. P.O. BOX 2607

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pelham, AL

City & State

Birmingham, AL

Zip

35124

Country

USA

Zip

35202

Country

USA

REINSTATEMENT 99-04

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04/21/04--01048--005 **1500.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-27-82

5. FEI Number

63-0819773

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Shelley Savage
REGISTERED AGENT MUST SIGN

Shelley Savage
Vice President

Date

4-16-04

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. CEO	Mike Gaines	5206 Cedar Trace Cir.	Hoover, AL 35244
CFO	Gary Mercer	2543 Elizabeth Drive	Pelham, AL 35124
Dir.	William Riley	16697 Captiva Dr.	Captiva, FL 33924
Dir.	Michael Stubbs	777 Third Ave, 18th Fl.	New York, NY 10017
Dir.	Michael Palmer	Flat 15, 55 Portland Place	London, W1B 1Q1

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:

Gary Mercer CFO GARY C MERCER

4/14/04

(205) 663-8408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)