

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004363**

1. Corporation Name

MOTMANCO, INC.

2. Principal Office Address

319 Rosedale Place

3. Mailing Office Address

P.O. Box 3797 1509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valdosta, Georgia

City & State

Valdosta, Georgia

Zip

31602

Country

USA

Zip

31603

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/98

5. FEI Number

58-1800849

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

Anita Oetgen

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

Route 13, Box 603

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

900003932029-7

03/30/01-01088-022

****900.00 ****900.00

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

Anita Oetgen
REGISTERED AGENT MUST SIGN

Date 3/5/01

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
PTD	David Motley	319 Rosedale Place	Valdosta, GA 31602
VSD	Jane Motley	319 Rosedale Place	Valdosta, GA 31602

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:

Jane Motley
JANE MOTLEY, VSD

2/28/01

Date

247 7889

Daytime Phone #

CR2ED81 (9/00)