

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

99 OCT 18 AM 10:05

DOCUMENT # G 67811

1. Corporation Name

THE MOHLER COMPANY

Principal Place of Business

Mailing Address

9841 Lake Georgia Drive
Orlando, FL 32817

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

REINSTATEMENT 98.95
05.10.99 90226 012 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2360291

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Martin C. Mohler	9841 Lake Georgia Drive	Orlando, FL 32817

500003025465--5
-10/26/99--01065--003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Martin C. Mohler
9841 Lake Georgia Drive
Orlando, FL 32817

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Martin C. Mohler

REGISTERED AGENT MUST SIGN

Date

10-12-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Martin C. Mohler President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-99

Daytime Phone #

407-657-9287

CR2001 (12/98)