

APPLICATION
FOR
REINSTATEMENT



FILED

98 MAY 19 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # .

1. Corporation Name

SUE'S MUFFS INC. RENTALS

Principal Place of Business

Mailing Address

814 N.W. 3rd ST
Pompano Beach, Fla 33060

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. **Names and Street Addresses of Each Officer and/or Director** (Florida nonprofit corporations must list at least 3 directors)

[illegible]**8. Name and Address of Current Registered Agent**

9. Name and Address of New Registered Agent

Name Donald LeBlanc, Jr. Assurance
Street Address (P.O. Box Number is Not Acceptable)
3123 Commerce Hwy
Suite, Apt. #, Etc.

City M. Kansas

State FL	Zip Code 33025
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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

Date 5/12/98

11. This corporation owes or is owed the current year Intangible Personal Property tax as of June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of the corporation or individual authorized 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 that all liabilities 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 DESIGNATEE **ASSIGNEE**
MICHAEL MOECKER

APR 23 1998 (954) 438-0144
Date Daytime Phone #

CR2E040 (1/98)