

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 AM 8:29

DOCUMENT # K28126

1. Corporation Name

LAT-MOE, Incorporated

2. Principal Office Address

8906 Forest Ridge Cove
Suite, Apt. #, etc.

3. Mailing Office Address

8906 Forest Ridge Cove
Suite, Apt. #, etc.

City & State

CORDOVA, TN

City & State

CORDOVA, TN

Zip

38018

Country

USA

Zip

38018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-1988

5. FEI Number

65-0063729

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

300003393813-3

Name

Elmer Louis Masley

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

9715 West Boulevard Blvd

Suite, Apt. #, Etc.

228

City

Plantation, Florida

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

Elmer L. Masley
REGISTERED AGENT MUST SIGN

Date 07-10-2000

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
P.S.	Elmer Louis Masley	8906 Forest Ridge Cove	CORDOVA, TN 38018
M.	Maurice Grant	8906 Forest Ridge Cove	CORDOVA, TN 38018
M.	KEN INGRAM	8906 Forest Ridge Cove	CORDOVA, TN 38018
M.	Samuel Reynolds	8906 Forest Ridge Cove	CORDOVA, TN 38018
M.	Jashua Masley	8906 Forest Ridge Cove	CORDOVA, TN 38018

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:

Elmer L. Masley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elmer L. MASLEY 07-10-2000

Date

Daytime Phone #

751-3638

CH2E081 (9/99)

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7-10-2000

Sir:

I did not receive the Renewal Form at the new address that was given the Division of Corporations last year.

I have move to another address out of state and did not receive my Renewal Notices.

Please Waive the Reinstatement Fee and accept my completed form for my Corporation;

Sincerely,

Elmer Medley
President/Secretary