

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATION

02 JAN 29 AM 9:03

DOCUMENT # L72728

1. Corporation Name

MULTIPLE FINANCE COMPANY, INC. NOW KNOWN AS
MULTIPLE MANAGEMENT COMPANY, INC.

2. Principal Office Address

3155 Wavering Lane

Suite, Apt. #, etc.

City & State

Middleburg, FL
Zip Country

32068

USA

3. Mailing Office Address

3155 Wavering Lane

Suite, Apt. #, etc.

City & State

Middleburg, FL
Zip Country

32068

USA

100004850431--3
-01/31/02--01012--010
***1878.75 ***1800.00
REINSTATEMENT 95-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/10/90

5. FEI Number

65-0508341

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

Frank R. Keasler, Jr.

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

4309 Pablo Oaks Court, Suite Five

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/24/02

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
PST	Syed S. Hussain	3155 Wavering Lane	Middleburg, FL 32068

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Syed S. Hussain, President

c/o (904) 992-6949

Date

Daytime Phone #

CR2E081 (9/01)