

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000005625

1. Corporation Name

MUSKETEERS, INC.

Principal Place of Business

Mailing Address

41 KINDRED AVENUE  
STUART FL 34994  
US

41 KINDRED AVENUE  
STUART FL 34994  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1993

SP

5. FEI Number

65-0459300

Applied For

Not Applicable

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	4 City / State / Zip
D	CYR, JOHN F	2002 FELICITA PLACE	JENSEN BEACH FL 34957
D	WEISBROD, WILLIAM E	2241 SW RIVERSIDE DR ----- 765 Rustic Circle	PALM CITY FL 34990 ----- Stuart, FL 34997
D	SHAHER, JAMES J	979 SULTAN DRIVE	PORT ST. LUCIE FL 34953

400004679514--8  
-11/14/01--01093--007  
\*\*\*\*\*245.00 \*\*\*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CYR, JOHN F  
41 KINDRED AVE.  
STUART FL 34994

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

SIGNATURE REQUIRED

Date 10/23/2001

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED  
John F. Cyr, President

10/23/2001

Date

Daytime Phone #