

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN -9 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000024928

1. Corporation Name

MSO-TECH, INC.

2. Principal Office Address

10 SOUTH LAKE AVENUE

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FL

Zip

32054

Country

USA

3. Mailing Office Address

10 SOUTH LAKE AVENUE

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FL

Zip

32054

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 03/10/2000

5. FEI Number  
59-3630365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

FRANK M. GAFFORD, ESQUIRE

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

228 E. DUVAL STREET

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

500037774015

06/03/04--01008--002 \*\*1051.00

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

FRANK M. GAFFORD

Date

5-15-04

REGISTERED AGENT MUST SIGN

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	WILLIAM S. WILSON	10 SOUTH LAKE AVENUE	LAKE BUTLER, FL 32054

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:

WILLIAM S. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/04

Daytime Phone #

CR2E081 (01/04)