


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 000000114492

1. Corporation Name
Mullvain & Associates, Inc.

2. Principal Office Address <u>5302 E. Friess Dr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5302 E. Friess Dr</u> Suite, Apt. #, etc.	
City & State <u>Scottsdale AZ</u>		City & State <u>Scottsdale AZ</u>	
Zip <u>85254</u>	Country <u>US</u>	Zip <u>85254</u>	Country <u>US</u>

FILED

04 AUG 12 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700040359487
08/20/04--01041--001 **150.00

700040359487
08/20/04--01041--002 **150.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 12/14/2000

5. FEI Number 65-1065986
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 Cynthia S. Mullvain 700040359487
Street Address (P.O. Box Number is Not Acceptable) 5055 Sawdust Cir 08/20/04--01041--003 **8.75
Suite, Apt. #, Etc.
City Ocoee State **FL** Zip Code 34761

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 Cynthia S. Mullvain Date 1 Aug 2004
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.	<u>Michael S. Mullvain</u>	<u>5302 E. Friess Dr.</u>	<u>Scottsdale AZ 85254</u>
V.	<u>David S. Mullvain</u>	<u>5302 E. Friess Dr.</u>	<u>Scottsdale AZ 85254</u>

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] 10 Aug 2004 602-722-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

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Mullvain & Associates, Inc.

5302 E. Friess Dr.
Scottsdale, AZ 85254

11 August 2004

Florida Department of State
Secretary of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Corporation reinstatement for Mullvain & Associates, Inc. Doc. P00000114492


Dear Division of Corporation:

Thank you for taking the time to review Mullvain & Associates, Inc. Application for corporation reinstatement. For the last two years, 2003 and 2004. Mullvain & Associates has not received the annual filing reports for the state of Florida at the mailing address: 1701 W. Hillsboro Blvd. Deerfield Beach FL 33442.

Mullvain & Associates, Inc. has enclosed \$150.00 for the year 2003, \$150.00 for the year 2004 and \$8.75 for a certificate of status along with the corporation reinstatement form.

If you have any question please feel free to call me on my direct line 602-772-0579.

Best regards,



Mike Mullvain President
Mullvain & Associates, Inc.