

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. B. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P01000041504

1. Corporation Name

KATHY MOZLEY, INC.

Principal Place of Business

2008 ATASCADERO CT.
TALLAHASSEE FL 32311

Mailing Address

2008 ATASCADERO CT.
TALLAHASSEE FL 32311



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

-59-3712795

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

32311

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
Pres	Kathy Mozley	2008 Atascadero Ct	Tallahassee, Fl. 32311

600008726916
10/31/02--01047--021 **150.00

8. Name and Address of Current Registered Agent

MOZLEY, KATHY
2008 ATASCADERO CT.
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

Kathy Mozley

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

2008 Atascadero Ct

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Kathy Mozley Pres
REGISTERED AGENT MUST SIGN

Date

10/29/02

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
Kathy Mozley Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

922-
2794

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Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL

Oct. 19, 2002

Sir,

I am writing this letter to request reinstatement of my corporate Kathy Mozley, Inc, EIN #59-3712795. Per the Reactivation packet I received on Oct 19, 2002, this letter is to inform the Division of Corporations I am currently under contract with Unisys to provide services to the State of Florida through the current physical year.

Also that this is the first request for information that I have received regarding the corporation.

Should other information be required, please contact me at the address below.

Sincerely,

Kathy Mozley, Pres.

Kathy Mozley
Kathy Mozley, Inc
2008 Atascadero Ct
Tallahassee, FL 32317