

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000034584

1. Corporation Name

MOOTS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

17892 MELLE LANE  
JUPITER FL 33478

17892 MELLE LANE  
JUPITER FL 33478

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

03/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0418295

Not Applicable

Zip

Country

Zip

Country

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	MOOTS, NANCY A	17892 MELLE LANE	JUPITER FL 33478
D	MOOTS, RORY R	17892 MELLE LANE	JUPITER FL 33478

8. Name and Address of Current Registered Agent

CLAYTON, BARRY L  
1675 PALM BEACH LAKES BLVD SUITE 700  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

Pickey L. Farrell, Esquire

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

1595 SE Port St. Lucie Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

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

REGISTERED AGENT MUST SIGN

Date

3/2/04

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:

Nancy A. Moats

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2004

Date

Daytime Phone #

FILED

04 MAR 29 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

200030063412  
03/03/04-01024-007 \*\*500.00

CR2ED40 (7/03)