

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 31 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200104429762
06/15/07--01047--007 **450.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000095966

1. Corporation Name

Paul Musser Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

17632 SW 18th Street

Suite, Apt. #, etc.

3. Mailing Office Address

17632 SW 18th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

02-0641025

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
Paul A. Musser

Street Address (P.O. Box Number is Not Acceptable)
17632 SW 18th Street

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Paul A. Musser

Date **May 16, 2007**

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	Paul A. Musser	17632 SW 18th Street	Miramar, FL 33029

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 (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 contained in Chapter 119, 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:

Paul A. Musser

Paul A. Musser

May 16, 2007

954-593-9567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel JUN 06 2007