

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095966**

1. Corporation Name

PAUL MUSSER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

17632 SW 18 ST
MIRAMAR FL 33029

17632 SW 18 ST
MIRAMAR FL 33029

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **03**



400025256874
12/05/03--01043--006 **750.00

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MUSSER, PAUL A	17632 SW 18 ST	MIRAMAR FL 33029

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Glater & Associates - PA

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

1560 Sawgrass Corporate Parkway

Suite, Apt. #, Etc.

Fourth Floor

City

Sunrise

State

FL

Zip Code

33323

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] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/2003

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:

Paul A. Musser SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25NOV03

Date

454-435-5785

Daytime Phone #

CR2E040 (7/03)