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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000111387

1. Corporation Name:

MOCCASIN, INC.

FILED

03 DEC -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

16303 68TH ST. NORTH 11610 SW 110 Ave
LOXAHATCHEE FL 33470 Dunnellon, FL
LOXAHATCHEE FL 33470



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11610 SW 110 Ave

Suite, Apt. #, etc.

Dunnellon, FL

City & State

Zip

34432

Country

Marion

3. New Mailing Office Address, If Applicable

11610 SW 110 Ave

Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip

34432

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2002

5. FEI Number

11-3664404

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

P

WRIGHT, LORI J

16888 WEST EDINBURGH DRIVE

LOXAHATCHEE FL 33470

800025169898

12/02/03--01063--033 **158.75

REINSTATEMENT

78

8. Name and Address of Current Registered Agent

WRIGHT, LORI J

16888 WEST EDINBURGH DRIVE
LOXAHATCHEE FL 3347011610 SW 110 Ave
Dunnellon, FL
34432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lori J Wright

REGISTERED AGENT MUST SIGN

Date

12/1/03

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:

Lori J Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

352 875-8997

Daytime Phone #

CR20040 (7/03)

Dec. 1, 2003.

I Lori J Wright, President of Moccasin, Inc
Did not receive two prior Uniform
business report (UBR) notices.

Thank you,

Lori J Wright
President Moccasin, Inc