

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR 30 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153854

**1. Corporation Name**

MOSLEY LOGGING, INC

**REINSTATEMENT**

05-06 JSC

**2. Principal Office Address**

108 W. MILLER STREET

**3. Mailing Office Address**

P.O. BOX 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA, FL

City & State

PALATKA, FL

Zip  
32177

Country  
USA

Zip  
32178

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FFL Number**  
20-0488928

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name  
CLEMMIE MOSLEY

Street Address (P.O. Box Number is Not Acceptable)  
108 W. MILLER STREET

Suite, Apt. #, Etc.

City  
PALATKA

State  
FL

Zip Code  
32177

**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

Date

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
PRES	CLEMMIE MOSLEY	P.O. BOX 274	PALATKA, FL 32178

6000659974748  
04/10/06--01087--019 \*\*300.00

**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 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 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:

*Clemmie Mosley*

CLEMMIE MOSLEY/PRESIDENT 03/24/2005 386-972-6937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

Mosley Logging, Inc.  
P.O. Box 274  
Palatka, Florida 32177  
386-972-6937  
P03000153854

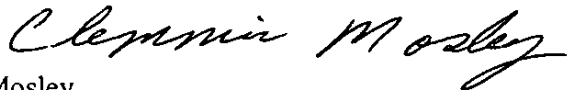
March 24, 2006

Dept. of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to request reinstatement of my company. I did not receive my notice in the mail for my renewal in 2005. Please note that I have made a change of mailing address on this report. I have a problem with people stealing my mail from my mailbox. It was brought to my attention that I needed to file this report annually by my bookkeeper when I went to do my w/c exemption renewal. Now that I am aware this needs to be done I will make sure that I file in a timely manner. Please take this matter into consideration.

Thank you,



Clemmie Mosley  
President

CM/lw

cc:file