

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 AUG 28 AM 10:45

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000038018

1. Corporation Name

MSTR INC

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

2202 N. WEST SHORE BLVD

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33607

Country

US

3. Mailing Office Address

2202 N. WEST SHORE BLVD

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33607

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2004

5. FEI Number

☒ 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

MICHAEL SCOTT

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

2202 N. WEST SHORE BLVD

Suite, Apt. #, Etc.

SUITE 200

City

TAMPA

State

FL

Zip Code

33607

☒ 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

REGISTERED AGENT MUST SIGN

Date 8/28/08

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
CEO	MICHAEL SCOTT	2202 N. WEST SHORE BLVD.	TAMPA, FL 33607

REINSTATEMENT

05-08

800135052608
08/28/08-01003-006 **\$600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/08

Date

Daytime Phone #