

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000172434

1. Entity Name
MUTTER REAL ESTATE, INC.



FILED
2007 JAN -2 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 REIN-P CR2E098 (11/05)

4. FEI Number
20-2117609
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTTER, BOBBY G
3405 JOHNS ROAD
MIMS, FL 32754

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bobby G. Mutter

Bobby G. Mutter

12-27-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MUTTER, BOBBY G
3405 JOHNS ROAD
MIMS, FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100082910971
01/02/07--01052--012 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MUTTER, CLARA L
3405 JOHNS RD
MIMS, FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MUTTER, JAMES
3405 JOHNS RD
MIMS, FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B 1/3/07
STATEMENT ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROSE, ALEX
220 BERMUDA ST
TITUSVILLE, FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby L. Mutter

Bobby G. Mutter

12-27-06

321-269-9855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #