

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000172490

1. Entity Name
MUTTER INVESTMENTS, INC.



Principal Place of Business
2507 GARDEN ST
TITUSVILLE, FL 32796

Mailing Address
2507 GARDEN ST
TITUSVILLE, FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312006

REIN-P

CR2E098 (11/05)

4. FEI Number
20-2117649

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900082910999
CITY-ST-ZIP 01/02/07--01052--013 **750.00

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

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

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

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 G. Mutter

Bobby G. Mutter

12-27-06

321-219-9855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 JAN -2 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1/13/07
REINSTATEMENT 06