

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000050316

Entity Name: MUCK CITY, INC.

FILED
Dec 07, 2009
Secretary of State

Current Principal Place of Business:

301 W AVE A
BELLE GLADE, FL 33430 US

New Principal Place of Business:

317 WEST AVENUE A
BELLE GLADE, FL 33430 US

Current Mailing Address:

301 WEST AVENUE A
BELLE GLADE, FL 33430 US

New Mailing Address:

317 WEST AVENUE A
BELLE GLADE, FL 33430 US

FEI Number: 20-2664790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSLET, YOUSEF
301 W AVE A
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

MUSLET, YOUSEF
317 W AVE A
BELLE GLADE, FL 33430 US

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.

SIGNATURE: YOUSEF MUSLET

12/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: MUSLET, YOUSEF
Address: 1015 NE 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: VPT () Delete
Name: MUSLET, FAISAL
Address: 317 W AVE A
City-St-Zip: BELLE GLADE, FL 33430 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: MUSLET, YOUSEF
Address: 317 WEST AVENUE A
City-St-Zip: BELLE GLADE, FL 33430 US

Title: VPT (X) Change () Addition
Name: MUSLET, FAISAL
Address: 317 WEST AVENUE A
City-St-Zip: BELLE GLADE, FL 33430 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOUSEF MUSLET

P

12/07/2009

Electronic Signature of Signing Officer or Director

Date