

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000130038

1. Corporation Name

MOTTAS ENTERPRISES INC.

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

7563 Phillips Hwy.
Suite, Apt. #, etc.
Bldg. 300, Ste. 302

City & State
Jacksonville, FL

Zip 32256 Country USA

3. Mailing Office Address

2951 Merrill Blvd
Suite, Apt. #, etc.
\$

City & State
Jacksonville Beach, FL

Zip 32250 Country USA

7. Name and Address of Current Registered Agent

Name Christian T. Mottas

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

2951 Merrill Blvd.

Suite, Apt. #, Etc.

City Jacksonville Beach

State FL

Zip Code 32250

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
President	Christian T. Mottas	2951 Merrill Blvd. Jax Beach, FL 32250	
Vice-Pres.	Lucy A. Mottas	2951 Merrill Blvd. Jax Bch, FL 32250	

10. E-mail Address: allison.Mottas@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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: Christian T. Mottas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 485-0444

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 4:32

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REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/05

5. FEI Number

13-4308652

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.