

2007 Annual Report 2007

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p06000050991

1. Corporation Name

Mr. Exclusive, Inc.

2. Principal Office Address - No P.O. Box #
1815 Glendale Rd

3. Mailing Office Address
1815 Glendale Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida 32808

City & State
Orlando, Florida 32808

Zip Country
32808 usa

Zip Country
32808 usa

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
32-0172203

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
Alex Smart

Street Address (P.O. Box Number is Not Acceptable)
1815 Glendale Rd

Suite, Apt. #, Etc.

City
Orlando, Florida 32808

State
FL

Zip Code

☒ 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

[Signature]

Date

7-12-07

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
Pd	Alex Smart	1815 Glendale Rd	Orlando, Florida 32808

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/2007

Date

407-297-3700

Daytime Phone #

20f2

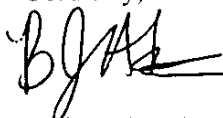
July 16, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

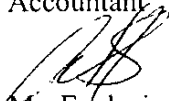
This letter is to inform you that Mr. Exclusive, Inc. has never received their reinstatement notice for 2007. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions concerning this matter please feel free to contact me at 407 297-3700. The Document # P06000050991.

Your consideration concerning this matter is greatly appreciated.

Cordially,



Barbara J. Adams
Accountant



Mr. Exclusive, Inc. President