

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


08 FEB 14 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.19.08

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02/14/08--01039--019 **150.00

2008 Annual Report

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92 000006038

1. Corporation Name
Mustard Seed Publishing Incorporations
PO 2397
De Land FL 32721-2397

2. Principal Office Address - No P.O. Box # 110 WNY Ave		3. Mailing Office Address PO Box 2397	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DeLand FL		City & State DeLand FL	
Zip 32720	Country VOL	Zip 32721	Country VOL

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3150312 ☐ 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
JOANN K

Street Address (P.O. Box Number is Not Acceptable)
2075 Central Pkwy

Suite, Apt. #, Etc.

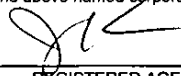
City
DeLand

State
FL

Zip Code
32720

☐ 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.

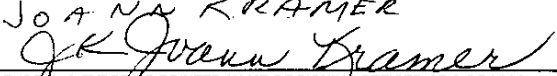
Signature of Registered Agent  Date

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
P	John Owens	117 Garfield Ave Apt 19	DeLand FL 32724
S	Barbara Bulton	809 W Howry	DeLand FL 32720
T	J Kramer	2075 Central Pkwy	DeLand FL 32720

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:  2/16/08 386-734-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #