

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 1:24

DOCUMENT # P93000012956

1. Corporation Name

Mullins Development Consulting
Services, INC.

2. Principal Office Address

Hwy
6850 W. ST. 46

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32771

Country

Seminole

3. Mailing Office Address

6850 W. St. Hwy 46

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32771

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/93

5. FEI Number

59-3169533

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

Mullins, Elvin L

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

6850 W. State Hwy 46

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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]

REGISTERED AGENT MUST SIGN

Date

11/5/01

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
D	Mullins, Elvin L	6850 W. State Hwy 46	Sanford, FL 32771

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11/5/01

Date

407.324.4300

Daytime Phone #

CR2E081 (9/00)

2012

November 6, 2001

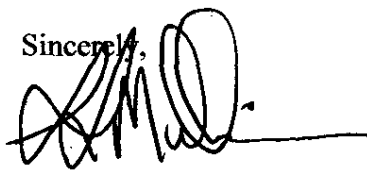
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,

~~Thank you for sending me the reinstatement form for Mullins Development Consulting Services. I have completed this form and have enclosed my check for \$150.00 for my Uniform Business Report.~~

I had not received any previous notification that a Uniform Business Report need to be filed. Please process this report as soon as possible.

Sincerely,



Elvin L Mullins
Mullins Development Consulting Services
6850 W. State Highway 46
Sanford, FL 32771