

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000030636

1. Corporation Name

MUD-MASTERS INTERIOR CONTRACTING, INC.

Principal Place of Business

5456 SW 37TH ST
OCALA FL 34474
US

Mailing Address

5456 SW 37TH ST
OCALA FL 34474
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1993

5. FEI Number

59-3178999

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KELLEY, TONY E	5456 SW 37TH ST.	OCALA FL 34474
			500004698275--2
			11/29/01 01047 019
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

KELLEY, TONY E
5456 SW 37TH ST
OCALA FL 34474

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 11-01-01

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-01

Date

352-873-4696

Daytime Phone #

CR2E040 (8/01)

11-01-01
D. Kelly

To Whom it may Concern.

Regarding Late charges & Fees.

I am currently going thru a divorce so I vacated the premises, on Oct. 07. 2000 and my wife remained at the current address until Oct. 07. 2001. She withheld all mail notices involving my corporate fee, licensing and Insurance documents without my knowledge until my return to my house. If necessary I will pay late fees.

Sincerely

Tony E. Kelley

Tony E. Kelley
5456 SW 37 TH St.
Oralq Fl. 34474

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