

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087938

1. Corporation Name

STULLER-MOORE, INC.

2. Principal Office Address

9051 FLORIDA MINING BLVD.

Suite, Apt. #, etc.

SUITE 108

City & State

TAMPA, FL

Zip

33634

Country

USA

3. Mailing Office Address

P.O. BOX 273865

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33688

Country

USA

REINSTATEMENT 1999-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/1994

5. FEI Number

59-3216186

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

JAMES C. MOORE, JR.

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

12302 ADAIR COURT

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33626

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

James C. Moore Jr.

REGISTERED AGENT MUST SIGN

Date

2-3-03

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/M	JAMES C. MOORE, JR.	12302 ADAIR COURT	TAMPA, FL 33626
CFO	LORI STULLER MOORE	12302 ADAIR COURT	TAMPA, FL 33626

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:

James C. Moore Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-03

Daytime Phone #

CR2E081 (10/02)