

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda S. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700029407437  
02/25/04--01070--005 \*\*750.00

DOCUMENT # **P95000010078**

1. Corporation Name

**MUSTANG BRANDS, INC.**

Principal Place of Business

Mailing Address

109 N. BRUSH STREET  
440  
TAMPA FL 33602  
US

P.O. BOX 2065  
TAMPA FL 33601

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3313179

Not Applicable

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | SMITH, ALAN R                             | 4223 AZEELE ST.  | TAMPA FL 33609          |
| VPCF          | SMITH, REED A II                          | 2992 LAVISTA COURT                                     | DECATUR GA 30033        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

700029407437  
05/06/04--01067--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, A. REED II  
109 N. BRUSH STREET  
STE 440  
TAMPA FL 33602

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date **2.21.2004**

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.21.2004**

Date

**813.361.2169**

Daytime Phone #

CR2EM40 (7/03)