

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 12 AM 9:53

DOCUMENT # 996000031739

1. Corporation Name
MOSLEY and Mosley, P.A.

2. Principal Office Address
20 N. Orange Avenue

Suite, Apt. #, etc.
1309

City & State
Orlando

Zip Country
32801 USA

3. Mailing Office Address
20 N. Orange Avenue

Suite, Apt. #, etc.
1309

City & State
Florida

Zip Country
32801 USA

REINSTATEMENT 99-03

4. Date Incorporated or Qualified To Do Business in Florida
1

5. FEI Number
59-3441523

6. CERTIFICATE OF STATUS DESIRED **\$3.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Dean Mosley 700018690597

Street Address (P.O. Box Number is Not Acceptable)
3415 Hammock Dunes Place 05/12/03--01011--021 **1500.00

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32828

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] Date 5/7/03
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
<u>D</u>	<u>Dean Mosley</u>	<u>3415 Hammock Dunes Pl</u>	<u>Orlando, FL 32801</u>

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] Date 5/6/03 Daytime Phone # 407 649-7111
DEAN F. MOSLEY

CR2E081 (10/02)