

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
San Francisco, California
Secretary of State
DIVISION OF CORPORATIONS

48-99 AR

FILED

99 JAN 21 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000014708

1. Corporation Name
MOR Sawdust, INC.

Principal Place of Business

Mailing Address

5941 164th St.
Wellborn, FL 32094

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

11/3/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3474089

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Toni Landen	5941 164th St.	Wellborn, FL 32094
			300002752063--1 -01/22/99--01104--020 ****150.00 ****150.00
			300002752063--1 -01/22/99--01104--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Toni Landen

REGISTERED AGENT MUST SIGN

Date

1/3/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Toni Landen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/99

Daytime Phone #

904-963-2921

CR25040 (1/89)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 11, 1999

M. O. R. SAWDUST, INC.
5941 164TH ST
WELLBORN, FL 32094

SUBJECT: M. O. R. SAWDUST, INC.
Ref. Number: P97000014708

We have received your document for M. O. R. SAWDUST, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1998 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 1998 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 1999 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 799A00001120

Dear Ms Prather:

Per our conversation yesterday - due to an incorrect address, we never received any corporate annual report forms. Enclosed is my original check for \$150 plus another check for the additional \$150. Thank you for your help.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Toni Landen