

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000100545**

1. Corporation Name

**AMERICAN MODULAR, INCORPORATED**

Principal Place of Business

Mailing Address

15886 85TH RD N  
LOXAHATCHEE FL 33470

15886 85TH RD N  
LOXAHATCHEE FL 33470



REINSTATEMENT 03

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

11/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0818449

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	MOUTON, ROY R	15886 85TH RD. NORTH	LOXAHATCHEE FL 33470
VP	WATSON, JOYCE A <i>Remove</i>	<del>15886 85TH RD. NORTH</del> <i>Remove</i>	<del>LOXAHATCHEE FL 33470</del> <i>Remove</i>

000023765490  
10/13/03--01038--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOUTON, ROY R  
15886 85TH RD N.  
LOXAHATCHEE FL 33470

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

*Roy R. Mouton*  
REGISTERED AGENT MUST SIGN

Date

10/07/03

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

*Roy R. Mouton*

10/07/03

Date

Daytime Phone #

CR2E040 (7/03)

# America Modular

15886 85th Road North, Loxahatchee Florida, 33470 - USA  
Phone (561) 792-7275 ~ Fax (561) 792-7166 ~ Email AMESTEEL@AOL.COM

***We did not receive the UBR filing notices at any time. Both these corporations or active corporations. Please find the \$150. 00 required to maintain this corp.***

***Roy R. Mouton President and CEO***

***10.07-03***

*Roy R. Mouton*