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SECRET
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P9B000090172</i>			
1. Corporation Name <i>MR. MUSTACHE, INC.</i>			
2. Principal Office Address <i>9720 SW 167 ST</i>		3. Mailing Office Address <i>SAME</i>	
SUNB, Apt. #, etc.		SUNB, Apt. #, etc.	
City & State <i>MIAMI, FL B</i>		City & State	
Zip <i>33157</i>	Country <i>USA</i>	Zip	Country

REINSTATEMENT 03-06

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4. Date incorporated or Qualified To Do Business in Florida <i>10/22/98</i>	☒ Applied For ☐ Not Applicable
5. FBI Number <i>650880471</i>	
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name <i>BARRY ARMSTRONG</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>9720 SW 167 ST</i>	
SUNB, Apt. #, Etc.	
City <i>MIAMI</i>	State FL
	Zip Code <i>33157</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.	
Signature of Registered Agent <i>[Signature]</i>	Date <i>12/13/05</i>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of each Officer, Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of each Officer and/or Director	City / State / Zip
<i>P</i>	<i>BARRY ARMSTRONG</i>	<i>9720 SW 167 ST</i>	<i>MIAMI, FL 33157</i>

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)(c), 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: <i>[Signature]</i>	Date <i>12/13/05</i>
0-(305) 971-3153 C-(305) 785-7334	



Mr. Mustache, Inc.

Outstanding Roofing
1(877)-MUSTACHE (687-8224)

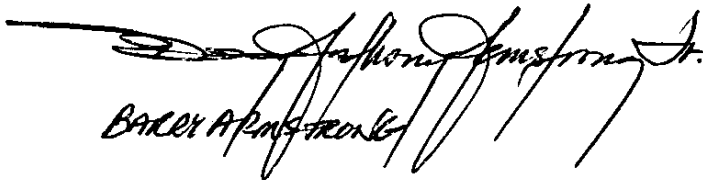
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12/13/05

TO WHOM IT MAY CONCERN,

I, BARRY ARMSTRONG, AM WRITING THIS LETTER
ASKING TO WAIVE THE \$600 PENALTY TOWARDS
REINSTATEMENT, BECAUSE I HAD NOT RECEIVED
A NOTICE IN THE PAST. PLEASE, HONOR MY
REQUEST, SO TOGETHER WE CAN REBUILD FLORIDA.

THANK YOU,


BARRY ARMSTRONG

P.S. THE YEARS THAT I DID NOT RECEIVE
ANNUAL REPORT NOTICES ARE 2003, 2004, 2005, 2006.

THANK YOU

State Certified Roofing Contractor CC#C-057882

Residential and Commercial Roofing • Reroofing and Repairs • Roof Inspections

9720 S.W. 167th Street • Miami, FL 33157 • Office: (305)971-3153 • Beeper: (305)337-8647 • Fax: (305)971-3154