1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090172

1. Corporation Name

MR. MUSTACHE, INC.

REINSTATEMENT 03-06

2. Principal Office Address	3. Mailing Office Address
9720 SW 167 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33157 Country: MIAMI-DADE USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/98

5. FEI Number: 650880471 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: BARRY ARMSTRONG

Street Address (P.O. Box Number is Not Acceptable): 9720 SW 167 ST

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33157

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: Hallon Armstrong Jr. Date: 12/13/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of each Officer and/or 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
P	BARRY ARMSTRONG	9720 SW 167 ST	MIAMI, FL 33157
		200062161602 01/19/06--01011--005 **150.00	
		200062161602 12/14/05--01045--003 **450.00	

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(5)(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.

O-(305) 971-3153

SIGNATURE: Hallon Armstrong Jr. 12/13/05 C-(305) 785-7334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

Mr. Mustache, Inc.
Outstanding Roofing
1(877)-MUSTACHE (687-8224)

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