

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000081092

1. Corporation Name

THE MOSLEY GROUP, INC.

Principal Place of Business

12240 AMANDA COVE TRAIL
JACKSONVILLE FL 32225-5116

Mailing Address

12240 AMANDA COVE TRAIL
JACKSONVILLE FL 32225-5116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 2212
Jacksonville Florida
32203

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1999

5. FEI Number

59-3599629

Applied For

Not Applicable

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
P	MOSLEY, ANTHONY L	12240 AMANDA COVE TRAIL	JACKSONVILLE FL 32225

700008938457
11/12/02--01093--010 **150.00

pru/g

8. Name and Address of Current Registered Agent

MOSLEY, ANTHONY L
12240 AMANDA COVE TRAIL
JACKSONVILLE FL 32225-5116

9. Name and Address of New Registered Agent

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

Anthony Mosley
REGISTERED AGENT MUST SIGN

Date

11/02/02

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
Anthony Mosley

Date

11/02/02

Daytime Phone #

CR2E040 (8/02)

**The
Mosley
Group, Inc.**

P.O. BOX. 2212
JACKSONVILLE, FLORIDA 32203
904 / 221-0419

November 5, 2002

Jim Smith
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Smith,

The Mosley Group, Inc. is writing this letter of explanation for late submittal of the annual (UBR) report. Due to the recent relocation of the corporation, the report was not received until October 30, 2002. Enclosed you will find payment of \$150.00 for reinstatement.

Sincerely,

Mr. Anthony L. Mosley
President