

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 14 AM 8:32

DOCUMENT # P99000094429

1. Corporation Name

Military Logistics & Manufacturing Inc

500004743245--0

-12/28/01--01082--007

****908.75 ****908.75

2. Principal Office Address

377 Maithland Ave

Suite, Apt. #, etc.

#102

City & State

Alt Springs FL

Zip

32701

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/26/99

5. FEI Number

59-3759855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert H. Pflueger

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

377 Maithland Ave

Suite, Apt. #, Etc.

Suite 102

City

Altamonte Springs

State

FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date 12-10-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Sec/D</u>	<u>Dawn Kuttenecker</u>	<u>7611 S.O.B.T.</u>	<u>Orlando FL 32809</u>
<u>Treas/D</u>	<u>Jeffrey Kuttenecker</u>	<u>7611 S.O.B.T.</u>	<u>Orlando FL 32809</u>
<u>VP/D</u>	<u>Dawn Kuttenecker</u>	<u>7611 S.O.B.T.</u>	<u>Orlando FL 32809</u>
<u>Pres/D</u>	<u>Leslie Kuttenecker</u>	<u>7611 S.O.B.T.</u>	<u>Orlando FL 32809</u>
<u>D</u>	<u>Robert H Pflueger</u>	<u>377 Maithland Ave</u>	<u>Altamonte Springs FL 32701</u>

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)(f), 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

12-11-01

Date

407 339-2022

Daytime Phone #

CR2E081 (8/00)