

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108251

1. Corporation Name

Mouser Custom Roofing, Inc.

400005507704--0
-05/14/02--01011--009
****900.00 ****900.00

2. Principal Office Address

1170 Lewis Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

3. Mailing Office Address

1170 Lewis Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

SARASOTA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

Dec. 13, 1999

5. FEI Number

65-0977291

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

Fred C. Mouser, Jr.

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

3605 Rabbit Run Rd

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

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

4-25-02

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
PS	Fred C. Mouser Jr.	3605 Rabbit Run Rd	Wauchula, FL 33873
VT	Cynthia J. Mouser	3605 Rabbit Run Rd	Wauchula, FL 33873

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)(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

Cynthia J. Mouser

4-25-02

Date

941-650-0543

Daytime Phone #