PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
99 NOV -2 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000002197**

1. Corporation Name

MEN IN ACTION - USA, INC.

Principal Place of Business	Mailing Address
744 SUMMERLAND DRIVE WINTER PARK FL 32708	P.O. BOX 952517 LAKE MARY FL 32795-2517

100003039341--6
-11/09/99--01041--007
*****245.00 *****245.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/1996

5. FEI Number: 59-3358267 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D P	BENJAMIN, PAUL	744 SUMMERLAND DRIVE	WINTER PARK FL 32708
DS	BENJAMIN, JACKIE	744 SUMMERLAND DRIVE	WINTER SPRINGS FL 32708
~~VP~~	~~SHAW, STEVE~~	~~P O BOX 141685~~	~~ORLANDO FL 32814~~
DT	KWAS, MARK	1964 DOWNS CT	LAKE MARY FL 32746
D	MR Terry Hall	925 Larson Dr.	Altamonte Springs, FL 32714

8. Name and Address of Current Registered Agent

KWAS, MARK ESQ
1964 DOWNS COURT
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box ... Not Acceptable)
Suite, Apt. #, etc.
City, State, Zip Code: FL

REINSTATEMENT

CR2E040 (9/99)

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.

Signature of Registered Agent _____ REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/99

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: _____ Paul Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99 (407) 696-4888
Date Daytime Phone #