

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MiniMax Inc.

2. Principal Office Address

718 SW 67th Terr.

Suite, Apt. #, etc.

Apartment #8

City & State

Gainesville, Fl.

Zip

32607

Country

USA

3. Mailing Office Address

3324 West University Ave

Suite, Apt. #, etc.

PMB #239

City & State

Gainesville, Fl.

Zip

32607

Country

USA

REINSTATEMENT

00-02

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

9-23-81

5. FEI Number

59-2237416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Gordon A. Bennett Sr.

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

3324 West University Ave. PMB #239

Suite, Apt. #, Etc.

#239

City

Gainesville, Florida

State
FL

Zip Code

32607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-16-02

**Sign
Here**

F.S.

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
Dir	Gordon Bennett	718 SW 67th Terr #8	Gainesville, Fl.
Pres.	Gordon Bennett	718 SW 67th Terr #8	Gainesville, Fl
Sec.	T Shannon Barr	1105 Ft Clarke Blvd. #321	Gainesville, Fl.
Vice Pres.	T Catherine Hill	5621 NW 27th Terr	Gainesville, Fl.

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, F.S. If, in this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of chapter 607, F.S., and the names of individuals listed on this form do not qualify for an exemption under section 607.01(3)(b), 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 607.01(3)(b), 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

**Sign
Here**

Date

Daytime Phone #

11/5/02