

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 05
2005 REIN P CR2E098 (6/04)

DOCUMENT # F99000004446 1. Entity Name MINI PARTNERS, INC.					
Principal Place of Business 10575 WESTOFFICE DRIVE HOUSTON, TX 77042				Mailing Address 10575 WESTOFFICE DRIVE HOUSTON, TX 77042	
2. Principal Place of Business 715 S. Country Club Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 715 S. /Country Club Dr. <small>Suite, Apt. #, etc.</small>			
City & State Mesa, AZ <small>Zip</small> 85210		City & State Mesa, AZ <small>Zip</small> 85210		4. FEI Number 76-0642063	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE <u><i>Barbara A. Burke</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY </div> <div style="width: 25%; text-align: right;"> 11-105 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULVANEY, DOUGLAS L 10575 WESTOFFICE DRIVE HOUSTON, TX 77042	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director Mark V. Shoen 715 S. Country Club Dr. Mesa, AZ 85210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERTSON, GUY J SR. 10575 WESTOFFICE DRIVE HOUSTON, TX 77042	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary Carlos Vizcarra 2721 N. Central Ave. Phoenix, AZ 85004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURNEY, DONALD W 2727 NORTH CENTRAL AVENUE PHOENIX, AZ 85004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres./Treasurer Bruce G. Brockhagen 2721 N. Central Ave. Phoenix, AZ 85004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRIEGER, JON A 12133 EAST CORTEZ DRIVE SCOTTSDALE, AZ 85259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director. Victor A. Duva 1209 Orange St. Wilmington, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carlos Vizcarra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Carlos Vizcarra, Secretary				10/26/05 (602) 263-6638 <small>Date Daytime Phone</small>	