

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

DOCUMENT # N03000003436

1. Corporation Name

MENTATHLETE CORPORATION

2. Principal Office Address

2221 GORDON STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33605

Country

USA

3. Mailing Office Address

PO BOX 22145

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33605

Country

USA

REINSTATEMENT

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2003

5. FEI Number

13-4248286

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

LINDSEY L. HARRIS SR.

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

2221 Gordon Street

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33605

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-08-2005

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
PST	LINDSEY L. HARRIS SR.	2221 Gordon Street	Tampa, FL 33605
V	CONNIE A. HARRIS	2221 Gordon Street	Tampa, FL 33605
V	BEAURIE SAMPSON	2221 Gordon Street	Tampa, FL 33605

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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] Lindsey L. Harris Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2005

Date

813-426-6537

Daytime Phone #

2/2

MENTATHLETE CORPORATION

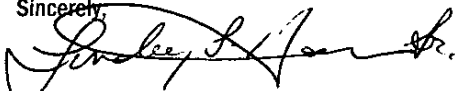
2221 Gordon Street
Tampa, FL 33605
813-426-6537
Staff@Mentathlete.org

November 8, 2005

To whom it concerns,

Please waive the \$175.00 penalty assessment due on our non-profit reinstatement. Due to the wrong address on file, we never received any prior notification for 2004 in post card nor annual report.

Sincerely,



Lindsey L. Harris, Sr.
President