

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000021862

1. Corporation Name

THREE MINDS, INC.

Principal Place of Business

Mailing Address

4900 N OCEAN BLVD. SUITE #405
LAUDERDALE BY THE SEA FL 333084900 N OCEAN BLVD. SUITE #405
LAUDERDALE BY THE SEA FL 33308

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

02/25/2000

5. FEI Number

59-3648903

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	GOLDBERG, TROY	4900 N OCEAN BLVD, SUITE #405	LAUDERDALE BY THE SEA FL 33308
D/VP	CARRINO, Joseph	4900 N. Ocean Blvd #405	Lauderdale, By Sea, FL 33308

800005507818-4

-05/14/02--01016--023

****150.00 ****150.00

8. Name and Address of Current Registered Agent

CARRINO, JOSEPH
4900 N OCEAN BLVD, SUITE #405
LAUDERDALE BY THE SEA FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Joseph Carrino

Date

01/24/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy Goldberg

Date

1-24-02 (561)241-9631

Daytime Phone #

TOTAL P. 02

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Three Minds, Inc.
4900 N. Ocean Blvd. #405
Lauderdale By The Sea, FL 33308

March 18, 2002

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Doc P00000021862
Reinstate 2001

To Whom It May Concern:

Please be advised that I have never received a Uniform Business Report (UBR) for 2001 and 2002. In May 2001, my accountant advised me to send in my fee of \$150.00, and although the check has been cashed by your office (see enclosed), I have been told that you never received the money and my account has not been credited for such.

I have spoken to various people from your office several times and so I am now sending a copy of the canceled check for 2001 and another check in the amount of \$150.00 to cover my 2002 fees so that I may be reinstated.

Please note that I wish to add Joseph Carrino to title of Vice President and Director.

Thank you for all of your help and time in this matter.

Sincerely yours,



Troy Goldberg, President/Director
Three Minds, Inc.