

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS.

FILED

03 MAY -5- PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # R00000051676

1. Corporation Name

Mint Services, Inc.

2. Principal Office Address

4232 N. State Rd. 7

3. Mailing Office Address

4232 N. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33319

Country

U.S.A.

Zip

33319

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/00

5. FEI Number

59-3655139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donna Gayle

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

4232 N. State Rd. 7

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

D. Gayle

REGISTERED AGENT MUST SIGN

Date 4-29-03

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
PSD	Gayle, Donna	4232 N. State Rd. 7	Lauderdale Lakes, FL 33319
VID	Graham, Ronald	4232 N. State Rd. 7	Lauderdale Lakes, FL 33319

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)(f), 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

Date

Daytime Phone #

CR2E0R110002

MINT SERVICES, INC.
4232 North St. Rd. 7
Lauderdale Lakes, FL 33319

April 29, 2003

State of Florida
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Mint Services, Inc.
Document #P00000051676
FEI Number: 59-3655139

Dear Sir Madam:

Enclosed please find a Corporation Reinstatement Application and check payable to Department of State in the amount of \$300.00.

We did not receive the Year 2002 or Year 2003 Uniform Business Report. Please accept this payment for the years 2002 and 2003 annual filing fees. There was no willful neglect or intentional disregard to not filing and paying in a timely manner.

Sincerely,


Donna Gayle
President