

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012069

1. Corporation Name

WORKING MINDS EXTRAORDINAIRE, INC.

2. Principal Office Address

2235 NW 2ND ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

2235 NW 2ND ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified

To Do Business in Florida 01/31/2001

5. FEI Number

65-1072201

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

NOEL MEJIA

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

2235 NW 2ND ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

Noel Mejia

REGISTERED AGENT MUST SIGN

Date

10/10/02

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
PD	NOEL MEJIA	2235 NW 2ND ST.	MIAMI, FL 33125
CEO	SAME ABOVE	SAME ABOVE	SAME ABOVE

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:

Noel Mejia

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/02 (305) 642-6360

Daytime Phone #

CR2E081 (9/01)