

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 18 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023593

1. Corporation Name

MEN, INC.

REINSTATEMENT 04-05

2. Principal Office Address

6846 N. University Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address

6846 N. University Dr.  
Suite, Apt. #, etc.

CR2E081 (8/05)

City & State

TAMARAC, FL 33321

City & State

TAMARAC, FL

Zip

33321

Country

US.

Zip

33321

Country

US.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/2/2001

5. FEI Number

65-1090332

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

NATAN GELD

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

7630 Live OAK Drive

000060697020

10/18/05--01012--005 \*\*\*300 00

Suite, Apt. #, Etc.

City

Coral Springs, FL 33065

State

FL

Zip Code

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

Date

10/10/05

REGISTERED AGENT MUST SIGN

**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
P	Natan Geld	7630 Live OAK Dr.	Coral Springs, FL 33065
T	Natan Geld	7630 Live OAK Dr.	Coral Springs, FL 33065

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Natan Geld

10/10/05

Date

Daytime Phone #

934-5478588

*Executive Office Of Rosa & Assoc., Inc.*

*7310 W. McNab Road, Suite #210*

*Tamarac, FL 33321*

*(954) 724-8310 - (954) 724-0898 (Fax)*

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292

October 11, 2005

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

Re: Document #P01000023593  
Men, Inc.  
FEI #65-1090332  
Address: 6846 N. University Dr.  
Tamarac, FL 33321

To Whom It May Concern:

This letter is written to request re-instatement of the above referenced corporation, **Men, Inc.** The corporation never received notice of renewal due to an incorrect address. **The incorrect address on record with the Division of Corporation is 6843 N. University Dr., Tamarac, FL. 33321. Please see correct address above.**

Attached is a completed Corporation Reinstatement Form from Men, Inc., and check #3375 made payable to FI Dept. of State – Division of Corporation in the amount of \$300.00 for Year 2004 – 2005.

Thank you for your immediate attention to this matter.

Sincerely,

Nathan Geld

Michelle Gonzalez

NG/MG/ab

Attached

