

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053765**

1. Corporation Name

M.N.W., INC.

Principal Place of Business

Mailing Address

9580 AUTUMN HAZE DRIVE
NAPLES FL 34109

9580 AUTUMN HAZE DRIVE
NAPLES FL 34109

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

05/23/2001

5. FEI Number

59-3729595

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NOBLE, ED	9580 AUTUMN HAZE DRIVE	NAPLES FL 34109

100023853901
10/16/03 01033 004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOBLE, ED
9580 AUTUMN HAZE DRIVE
NAPLES FL 34109

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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
ED NOBLE

Date

Daytime Phone #

10-13-03 (239) 566-8790

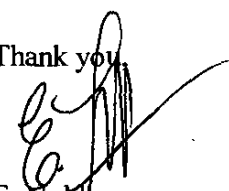
MNW INC
9580 Autumn Haze Dr
Naples, Florida 34109

October 13, 2003

Today, I received a notice of administrative dissolution or revocation, for failure to file a 2003 annual report/uniform business report. This is the first notice I have received. No other notices were ever received at the above address.

Enclosed is a check for the \$150.00 for reinstatement.

Thank you



E. Noble
Owner