

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 22 AM 8:00

DOCUMENT # **P01000057994**

1. Corporation Name

Minetto Enterprises, Inc.

REINSTATEMENT

03-04
MRS

2. Principal Office Address

371 NW 49th St

Suite, Apt. #, etc.

3. Mailing Office Address

410 S. Military Tr.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Deerfield Bch, FL

Zip

33309

Country

USA

Zip

33442

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/17/2001

5. FEI Number

65-1108887

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

Roberto A. Minetto

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

371 NW 49th St

Suite, Apt. #, Etc.

City

Ft. Lauderdale,

State

FL

Zip Code

33309

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

X Roberto A. Minetto

REGISTERED AGENT MUST SIGN

Date **7/23/04**

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
PSTO	Minetto, Roberto A.	371 NW 49th St.	Ft. Lauderdale, FL 33309

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11/22/04--01087--009 **150.00

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:

Roberto A. Minetto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/23/04 (954) 520-3129

Daytime Phone #

CR2E081 (01/04)