

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 16 PM 1:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000063413**

1. Corporation Name
MEN WITH BELTS, INC.

Principal Place of Business 2988 BILOXI TRAIL MIDDLEBURG FL 32068	Mailing Address 2988 BILOXI TRAIL MIDDLEBURG FL 32068
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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		4. Date Incorporated or Qualified To Do Business in Florida 07/01/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3727663	
City & State		City & State		Applied For. Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TREVIZO, FRANCISCO	2988 BILOXI TRAIL	MIDDLEBURG FL 32068
D	CATO, LESSIE C	2988 BILOXI TRAIL	MIDDLEBURG FL 32068
D	KIRK, GARY L	2988 BILOXI TRAIL	MIDDLEBURG FL 32068
D	CHIONCHIO, JOHN L	2988 BILOXI TRAIL	MIDDLEBURG FL 32068

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 01/15/03-01084-007 ***150.00

8. Name and Address of Current Registered Agent

TREVIZO, FRANCISCO
 2988 BILOXI TRAIL
 MIDDLEBURG FL 32068

9. Name and Address of New Registered Agent

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 REQUIRED
 REGISTERED AGENT MUST SIGN

Date

9 Jan 03

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 03
 Date Daytime Phone #

CR2E040 (8/02)

2988 Biloxi Trail
Middleburg, FL 32068

Men With Belts Inc.

January 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Please find enclosed my reinstatement application along with my check #534 for \$150.00.
I have not received prior UBR notices, so please waive the penalty. It would be greatly appreciated.

Sincerely,

Francisco Trevizo
President

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State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: MEN WITH BELTS, INC.

Document Number: P01000063413



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
4th day of October, 2002.

Jim Smith
Secretary of State