

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000119502

1. Corporation Name

Minark Properties, Inc

REINSTATEMENT 02-03

000025330810  
12/08/03--01076--030 \*\*908.75

2. Principal Office Address

4160 Central Ave

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33711

County

Pinellas

3. Mailing Office Address

4154 Central Ave

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33711

County

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

26-0014217

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

Dean R. Mlinarich

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

4154 Central Ave

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33711

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

Dean R. Mlinarich

Date 12-4-03

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
DPST Pres	Fay Mlinarich	4154 Central Ave	St. Petersburg FL 33711
DV	Dean R. Mlinarich	4154 Central Ave	St. Petersburg FL 33711

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.

727-322-1777

SIGNATURE:

Dean R. Mlinarich

Dean R. Mlinarich

12-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #