

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL -2 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060189

1. Corporation Name

Mend Mind Heart Inc.

2. Principal Office Address

P.O. Box 593138

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 593138

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, Florida

Zip

32859-3138 U.S.

Zip

32859-3138 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/30/02

5. FEI Number

14-1839398

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

Dorothy Graham

400038942154

07/09/04--01059--004 \*\*150.00

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

445 West Oak Ridge Road

Suite, Apt. #, Etc.

400038942154

07/09/04--01059--005 \*\*150.00

City

Orlando

State

FL

Zip Code

32809

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

Dorothy Graham

REGISTERED AGENT MUST SIGN

Date

6/17/2004

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
Pres.	Graham, Dorothy	P.O. Box 593138	Orlando, FL 32859-3138

400038942154

07/09/04--01059--005 \*\*8.75

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: Dorothy Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/2004 (407) 826-4005

Daytime Phone #

CR2E081 (01/04)

Mailing Address: P.O. Box 593138 B 272  
Orlando, FL 32859-3138  
(407) 826-4005 Tele:

June 14, 2004

Subject: Mend Mind Heart, Inc.

Document #: P02000060189

Dear Sir or Madam:

This is a request to waive fees for reinstatement due to the fact that I  
never received a Uniform Business Report request for the year 2003<sup>"2002" or before.</sup> This  
year of 2004 was the first time I received a form of this sort in which I  
complied with that request that was rejected.

Thanking you in advance or any assistance and direction you may  
provide. Enclosed, please find 3 check<sup>s</sup> and information for history in  
regards to this matter.

Respectfully,

Dorothy Graham  
Dorothy Graham

Submitted Checks

For

# 1334	—	\$ 150.00	- 2004
# 1354	—	\$ 150.00	- 2003
# 1353	—	\$ 8.75	cert of status

Total **\$308.75**