

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*payelot*

APPLICATION  
FOR



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

DOCUMENT # P02000070859

1. Corporation Name

MIO PUBLISHING, INC.

Principal Place of Business

Mailing Address

1864 UNIVERSITY PKWY.  
SARASOTA FL 34243-2225

1864 UNIVERSITY PKWY.  
SARASOTA FL 34243-2225

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

06/27/2002

5. FEI Number

01-0727652

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
Pres	James J. Dygert	2217 Desoto Rd	SARASOTA FL 34234
VP	Bob Clancy	7068 Hawks Harbor Cir	Bradenton FL 34207

01-03 USB

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DYGERT, JAMES J  
2217 DESOTO RD  
SARASOTA FL 34234

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:

*James J. Dygert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03  
Date

941-359-0752  
Daytime Phone #

CR2E040 (7/03)

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1864 University Parkway  
Sarasota, FL 34243  
(941) 351-2411  
(941) 351-7629 Fax

## Mio Publishing, Inc.

October 13, 2003

Division of Corporation  
PO Box 6327  
Tallahassee, FL 34214-6327

Dear Sir or Madam:

Attached you will find that the requested information, Officers: Pres, VP. This information had previously been mailed. I will again fill out the new form that was sent, Application of Reinstatement.

Let me know if you need any further information.

Sincerely,



Judith Dygert  
For James J. Dygert