

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 23 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 10200087103

1. Corporation Name

Minly, Inc.

2. Principal Office Address

27001 US Hwy 19 N

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Office Address

1113 Cass DR

Suite, Apt. #, etc.

City & State

Moncks Corner, SC

Zip

29461

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

8/8/02

5. FEI Number

75 303 2472

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

Stephen Sherbin

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

1575 Vista Lake Circle

Suite, Apt. #, Etc.

City

W. Melbourne

600038172306

06/23/04--01003--001 \*\*150.00

600038172306

06/23/04--01003--002 \*\*150.00

State

FL

Zip Code

32904

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 Stephen Sherbin

REGISTERED AGENT MUST SIGN

Date 5-7-04

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
Pres	Arthur L. Smith	1113 Cass DR SC 29461	Moncks Corner SC 29461 →
VP	Minnie Smith	1113 Cass DR 29461	Moncks Corner, SC →

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:

X Arthur L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-04

Date

843.761-6586

Daytime Phone #

CR2E001 (01/04)

8

20f2

May 7, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We are requesting a reinstatement without penalties due to the fact that the annual report was never received. The \$150.00 fee is enclosed to reinstate the corporation.

Thank you for your assistance in this matter.

Kind regards,



Tracy L. Smith, Esquire