


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |                                   |   |  |                                |   |   |
|---|-----------------------------------|---|--|--------------------------------|---|---|
| <b>CORPORATION<br/>REINSTATEMENT</b>  |                                   |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>                               |                                | <b>FILED</b><br>05 OCT 12 PM 6:14<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |   |
| <b>DOCUMENT #</b> <u>202000089103</u><br>1. Corporation Name<br><u>Minly, Inc.</u>  |                                   |   |  |                                |   |   |
| 2. Principal Office Address<br><u>27001 US Hwy 19N</u><br>Suite, Apt. #, etc.   |                                   |   | 3. Mailing Office Address<br><u>1113 Cass Dr</u><br>Suite, Apt. #, etc.  |                                |   |   |
| City & State<br><u>Clearwater, FL</u><br>Zip <u>33761</u> Country <u>USA</u>  |                                   |   | City & State<br><u>Moncks Corner, SC</u><br>Zip <u>29461</u> Country <u>USA</u>                                      |                                |   | 4. Date Incorporated or Qualified To Do Business in Florida <u>8/8/02</u> |
|   |                                   |   | 5. FEI Number<br><u>753032472</u>  |                                |   | Applied For<br><input type="checkbox"/> Not Applicable                    |
|   |                                   |   | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                |   |   |
| 7. Name and Address of Current Registered Agent   |                                   |   |  |                                |   |   |
| Name <u>Stephen Sherbin</u> <u>800060489148</u><br>10/11/05--01042--008 **300.00  |                                   |   |  |                                |   |   |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>1279 White Oak Circle</u>  |                                   |   |  |                                |   |   |
| Suite, Apt. #, Etc.   |                                   |   |  |                                |   |   |
| City<br><u>Melbourne, FL</u>  |                                   |   |  |                                | State<br><u>FL</u>  | Zip Code<br><u>32935</u>  |
| 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.<br>Signature of Registered Agent <u>X Stephen Sherbin</u> Date <u>10-5-05</u><br>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             |   |   |
| <u>Pres.</u>  | <u>Arthur L. Smith</u>            | <u>1113 Cass Dr</u>   |  | <u>Moncks Corner, SC 29461</u> |   |   |
| <u>VP</u>   | <u>Minnie C. Smith</u>            | <u>1113 Cass Dr</u>   |  | <u>Moncks Corner, SC 29461</u> |   |   |
|   |                                   |   |  |                                |   |   |
|   |                                   |   |  |                                |   |   |
|   |                                   |   |  |                                |   |   |
|   |                                   |   |  |                                |   |   |
| 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: <u>X Arthur L. Smith</u>   |                                   | <u>10-5-05</u>  |  | <u>843-761-6584</u>            |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Date  |  | Daytime Phone #                |   |   |

October 5, 2005

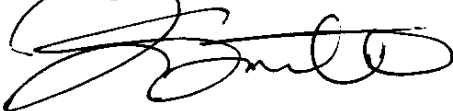
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

We are requesting a reinstatement without penalties due to the fact that the annual report was never received. Please check your files to make sure that you have the correct mailing address 1113 Cass Drive, Moncks Corner, SC 29461 because this is the 2<sup>nd</sup> year that we have not received any documents. The \$300.00 fee is enclosed to reinstate the corporation.

Thank you for your assistance in this matter.

Kind regards,

A handwritten signature in black ink, appearing to read 'Tracy L. Smith', written in a cursive style.

Tracy L. Smith, Esquire