


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000082820</b>					
<b>1. Entity Name</b> M.N.E.K. INC.					
<b>Principal Place of Business</b> 2447 ISLANDER CT PALM HARBOR, FL 34683			<b>Mailing Address</b> 2447 ISLANDER CT PALM HARBOR, FL 34683		
<b>2. Principal Place of Business</b> 1274 CLEVELAND ST		<b>3. Mailing Address</b> 1274 CLEVELAND ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CLEARWATER FL		<b>City &amp; State</b> CLEARWATER		<b>4. FEI Number</b> 86-1075596	
<b>Zip</b> 33755		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEDRICK, MARIA A 2447 ISLANDER CT PALM HARBOR, FL 34683			<b>7. Name and Address of New Registered Agent</b> Name: MARIA DEDRICK Street Address (P.O. Box Number is Not Acceptable): 1274 CLEVELAND ST City: CLEARWATER FL Zip Code: 33755		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>[Signature]</i> DATE: 4-21-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> DEDRICK, MARIA A <b>STREET ADDRESS</b> 1274 CLEVELAND ST. <b>CITY - ST - ZIP</b> CLEARWATER, FL 33755	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: 4-21-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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04202006 REIN-P CR2E098 (11/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name MARIA DEDRICK

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

1274 CLEVELAND ST

City CLEARWATER FL Zip Code 33755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 4-21-06  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

**TITLE**  
D  
**NAME**  
DEDRICK, MARIA A  
**STREET ADDRESS**  
1274 CLEVELAND ST.  
**CITY - ST - ZIP**  
CLEARWATER, FL 33755

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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