PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	
OCUMENT #	



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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HOUSE MANY UF STATE ALLAHASSEE, FLORIDA

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MINNIE'S MANAGEMENT SERVICES, INC.

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2. Principal Office Address - No P.O. Box # 1900 SUNSET HARBOUR DRIV!		3. Mailing Office Address 1900 SUNSET HARBOUR DRIVE		02/26/0901030017	**150.00	
Suite, Apt. #, etc		Suite, Apt. #, etc		- 2/17/09 NOID DI8-30	18 - 300.00	
Unit 1709		Unit 1709		Date Incorporated or Qualified To Do Business in Florida 03/23/2006		
City & State		City & State Miami Beach				
Miami Beach				5. FEI Number	Applied For	
**:-	T 01-11-	1 7:-		56-2633118	Not Applicable	
^{Zip} 33139	U.S.	33139	U.S.	G. CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name Perry Martino			☐ The reinstatement fee is imposed, except in			

treet Address (P.O. Box Number is Not Acceptable) 900 SUNSET HARBOUR DRIVE	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were no received and requesting the reinstatementee be waived.	
uite, Apt. #, Etc. Jnit 1709		
ity Miami Beach	State Zip Code FL 33139	ise of waived.

8. I, being appointed the registered-agent of the above named corporation, am familiar with and accept the obligations of section 507 0505 or 517 0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date _2 / 13.09

9. Names and Street Addresses of Each Officer and/or Director (Florida comprofit 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
PD	Perry Martino	1900 Sunset Harbour Drive, Unit 1709	Miami Beach, Florida 33139
VD	Russell Root	1900 Sunset Harbour Drive, Unit 1709	Miami Beach, Florida 33139
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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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507,0401 or 517,0401, 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR