

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 22 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P-06000140656
Milk of Amnesia, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

290 Cleveland Ave

Suite, Apt. #, etc.

290 Cleveland Ave

City & State

Largo Florida

City & State

Largo Florida

Zip

33770

Country

USA

Zip

33770

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida.

11/07/2006

5. FEI Number

206000140656

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

Joshua J. Wright

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

290 Cleveland Ave

Suite, Apt. #, Etc.

City

Largo Florida

State

FL

Zip Code

33770

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

400139203984
12/22/08--01051--010 **8.75

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

Joshua J. Wright

REGISTERED AGENT MUST SIGN

Date 12/18/08

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
owner	Joshua J. Wright	290 Cleveland Ave	Largo, FL 33770
President	Joshua J. Wright	290 Cleveland Ave	Largo, FL 33770
Treasurer	Joshua J. Wright	290 Cleveland Ave	Largo, FL 33770
Secretary	Joshua J. Wright	290 Cleveland Ave	Largo, FL 33770
REINSTATEMENT			
01-08			
600139204046 12/22/08--01051--011 **300.00			
088			

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 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:

Joshua J. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/08

Date

727-804-3617

Daytime Phone #