

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV -7 PM 2:38

DOCUMENT # **P92000003709**

1. Corporation Name

**MINA OF DELAND, INC.**

Principal Place of Business

**2719 SHOEMAKER LANE  
MOUNT DORA FL 32757  
US**

Mailing Address

**2719 SHOEMAKER LANE  
MOUNT DORA FL 32757  
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/12/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-0202001**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>MANSOUR, GEORGE</b>	<b>2719 SHOEMAKER LANE</b>	<b>MOUNT DORA FL</b>
<b>VPST</b>	<b>GOWNI, KAMEL</b>	<b>2719 SHOEMAKER LANE</b>	<b>MOUNT DORA FL</b>
			<b>800002003668--9</b>
			<b>-11/13/96-01182--003</b>
			<b>****375.00 ****375.00</b>
		<b>REINSTATEMENT</b>	<b>1996</b>
			<b>NYL</b>

8. Name and Address of Current Registered Agent

**CLEMENT, G E  
308 EAST 5TH AVE  
MOUNT DORA FL 32757**

9. Name and Address of New Registered Agent

Name **GEORGE MANSOUR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2719 SHOEMAKER LANE**  
Suite, Apt. #, Etc.  
City **MT-DORA** State **FL** Zip Code **32757**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**REGISTERED AGENT MUST SIGN**

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

**REGISTERED AGENT MUST SIGN**

Date

Daytime Phone #