APPLICATION FOR SITE OF THE SADDER SHAPE S	· · · · · · · · · · · · · · · · · · ·		***		
REINSTATEMENT SCHOOL OF CONTROL OF CONTROL OF STATE DOCUMENT # P94000004158 1. Coppean Name C. G. M. Mirch No. C. G. M. M	APPLICATION APPLICATION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			
1. Copposation Name: C. G. Mindol, Inc. Mailing Address. 831 Addlardon. Replaced for the Address. If Applicative State. 8 Neighbor Floriba 338 63 If above defended a new necessary in any way, the strength of the Address. If Applicative State. Agr. 11, ptc. 9 New Principal Globe Address. If Applicative State. Agr. 11, ptc. 11 Nowing and State Continue of State. Agr. 11, ptc. 12 Country C	PEINCTATEMENT Secretary of State		i	97 DEC -2 PM 3: 52	
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Softe, Agr. 4, etc. Softe, Agr. 4, etc. Softe, Agr. 4, etc.	If above addresses are incorrect in any way, line through incorrect information and enter correction below.			4. Date Incorporated or Qualified To Do Business in Florida	
The country		•		5. FET Number Applied For	
Title(s) 2 Name and Address of Early State (Fig. 1) 1 1 1 1 1 1 1 1 1			y	6. \$8.75 Additional Fee required	
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BOULD 2 3 5 4 5 3 0 - 2 -12/05/3701038007 *****200.00 ******550.00 B. Name and Address of Current Registered Agent Sirect Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, F. tc. City Signature of Registered Agent 10. I. being appointed the registered agent of the above ramed corporation, and tentilities with and accept the obligations of Section 607.0505. F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (Sec other sade for information on intangible tax) 12. Learlity that I am an officer or director of the dissociation has been climinaled, the corporate name satisfies the requirements of section 607.0501. F.S. that all lees owed by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption under section 119.07(3)(0, F.S. The information indicated on this application is true and accurate, and my signature stall have the same legal effect as if made under onthe	D George Minch 831 Ushburton DR Negler Florida 33863				
8. Name and Address of Current Registered Agent 8. Name and Address of Rew Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Suite, Apt. #, Etc. City 8. Signature of Registered Agent of the above ranged corporation, an familiar with and accept the obligations of Section 607 0505, F.S. 8. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 12. Learly that I am an officer or director or the receiver or trucker 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 elemented, the corporate name satisfies the requirements of section 607,0401, F.S., that the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that the some on this application is true and accurate, and my significate shall have the same legal effect as if made under oath. 8. Signature: 1. Signature of Revenue under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my significate shall have the same legal effect as if made under oath.	D Clara Minch 831 Ashlunton Dr. Naples Forthe 33863				
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