

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 AM 10:42

DOCUMENT # P 94000045286

1. Corporation Name

GEORGE E. MUNIZ, INC.

W01-23947

2. Principal Office Address

904 SLOEWOOD CT.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

USA

3. Mailing Office Address

904 SLOEWOOD CT

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/1994

5. FEI Number

59-3252270

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

GEORGE E. MUNIZ

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

904 SLOEWOOD CT

Suite, Apt. #, Etc.

100004719161-3

-12/11/01--01074--000

***1350.00 ***1350.00

City

LAKE MARY

State

FL

Zip Code

32746

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

George E. Muniz

Date 11-22-01

REGISTERED AGENT MUST SIGN

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
<u>PRES</u> <u>SECH</u> <u>TRUST</u>	<u>GEORGE E. MUNIZ</u>	<u>904 SLOEWOOD CT</u>	<u>LAKE MARY FL 32746</u>

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 under section 119.07(3)(i), 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:

George E. Muniz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

(407) 772-2003

Daytime Phone #