

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 90 MAR 15 PM 4:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000006530

1. Corporation Name **MAHNEN COMPANY**

Principal Place of Business  
~~202 Islamorada Blvd.~~  
 Punta Gorda, Fla. 33950

Mailing Address

**REINSTATEMENT** 96-99  
 00

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

2. New Principal Office Address, if Applicable  
**5051 Cape Cole Blvd**  
 Suite, Apt. #, etc

3. New Mailing Office Address, if Applicable  
**P.O. Box 769**  
 Suite, Apt. #, etc

4. Date Incorporated or Qualified To Do Business in Florida **1/25/95**

5. FEI Number  
**65-0562397**

Applied For  
 Not Applicable

City & State  
**PUNTA GORDA FLORIDA**  
 Zip **33955** Country **USA**

City & State  
**BAUNSWILL OHIO**  
 Zip **44212** Country **USA**

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

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
Pres	LAWRENCE A. MAHNEN	414 HAMDEN ST.	MEDINA OH 44256
Treas.	MARY MAHNEN	5358 N. BLAISE DR	PAINSTOWN OH 44515
VP-SEALARD	MURKIN	23166 LEOPARD POINT Rd.	BROOKPARK OH 44142

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 \*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

**C T Corporation System**  
 1200 S. Pine Island Rd.  
 Plantation, Fla. 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc  
 City  
 State **FL** Zip Code

10. I am 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 *Joyce A. Gilbert* **JOYCE A. GILBERT**  
 REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

Date **3-10-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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:

*Mark Mahnen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mark Mahnen**

**MARCH 9, 1999** 330-273-3400  
 Date Daytime Phone \*

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