

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MUNN'S BLUE MOUNTAIN COFFEE, INC.

Principal Place of Business

Mailing Address

310 SE 2 AVE
DEERFIELD BEACH FL 33441

310 SE 2 AVE
DEERFIELD BEACH FL 33441



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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1-21-97
01/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33064 US

33064 US

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
PVST	MUNN, EDGAR R	310 SE 2 AVE	DEERFIELD BEACH FL 33441
D	MUNN, EDGAR R	310 SE 2 AVE	DEERFIELD BEACH FL 33441
		1360 NE 23 rd	400002067954--U
		Pompano bl	-01/24/97--01079--017
		FL 33064	***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUNN, EDGAR M
310 SE 2 AVE
DEERFIELD BEACH FL 33441

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

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

Edgar Munn
REGISTERED AGENT MUST SIGN

Date 12/27/96

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgar Munn
Munn

Date

Daytime Phone #

12/27/96

CR2E040 (7/96)