

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000030485**

1. Corporation Name

MENDMEW, INC.

Principal Place of Business

1631 WEST 30TH PLACE
UNIT 1903A
HALEAH FL 33012

Mailing Address

1631 WEST 30TH PLACE
UNIT 1903A
HALEAH FL 33012

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

04/14/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0573442

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PDS	MENDEZ, FAUSTO	4120 WEST 18TH LANE	HALEAH FL 33012
VT	MENDEZ, ERIC	4120 WEST 18TH LANE	HALEAH FL 33012
			300002000743--8 -11/08/96-01089-009 ****236.25 ****236.25
			300002000743--8 -11/08/96-01089-010 ****138.75 ****138.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDEZ, FAUSTO
4120 WEST 18TH LANE
HALEAH FL 33012

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

Fausto Mendez **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

9/20/96

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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Fausto Mendez **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/96 (305) 362-0074

FILED

95 NOV -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1996 11-7-96