

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

UBA

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032050

1. Corporation Name

MITA, INC.

Principal Place of Business

26180 ISLE WAY
BONITA SPRINGS FL 34134
US

Mailing Address

26180 ISLE WAY
BONITA SPRINGS FL 34134
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

65-0574419

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TAFT, GISELA	11216 TAMiami TRAIL NORTH #105 26180 ISLE WAY	NAPLES FL 34110 BONITA SPRINGS, F. 34134

8. Name and Address of Current Registered Agent

TAFT, GISELA
~~11216 TAMiami TRAIL NORTH~~ 26180 ISLE WAY
~~SUITE 105~~ BONITA SPRINGS, FL.
~~NAPLES FL 34110~~ 34134

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, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

10/23/02 239 498 9970

02/11/02

CR2040 (8/02)

Mita Inc.
26180 Isle Way
Bonita Springs, Fl. 34134

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Enclosed is our Application for Reinstatement, Document #P95000032050
And a check in the amount of \$150.00.

Form UBR for the year 2002 was never received by us. We are suspecting
That it was mailed to the old address on Tamiami Trail in Naples and was
Not forwarded by the Post Office since the allowed time for forwarding mail
Had elapsed.

Please reinstate Mita Inc. and make all necessary corrections in your records
As to the new address.

Thank you,


Gisela Taft
President