PLEASE READ ALL INSTRUCTIONS BEFORE CO					OMPLETING THIS FORM. OG 10 2		
APPLICATION (LORID	dr Baylor	F ST T		Tar Co.		
FOR	W	Secretar of S		letirii 13	189		
DOCUMENT # POSOCOCO	L	VISION OF CORPOR	RATIONS		AF KARANSA ANTANAS ELENTON		
DOCUMENT # P95000039960 1. Corporation Name				97 MAR 17, PM 2: 40			
Minshall Enterprises, Inc.				SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Flace of Business Mailing Address							
220 C-4 Hickman Drive							
Sanford, F1. 32771							
ff above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If					orated or Qualified		
P. O. BO Suite. Apt. #, etc. Suite, Apt. #, etc.		OX 180981		To Do Business in Florida 5 / 19 / 9 5			
City & State City & State				5. FEI Number 59 - 331		Applied For Not Applicable	
Zip Country Zip 327		elberry,Fl. Country Sem.		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/	ļ	rida nonprofit corpora	itions must list at lea				
Tille(s) Name of Officers and/or Directors 1 2	Of	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		cers) City / State / Zip			
P Maxine L. Minshall 308 Qu			il Crt.	····	Casselberry,Fl	.32707	
S/T/D Martin Minshall		308 Qua	il Crt.		 Casselberry,Fl	.32707	
			<u> </u>			<u></u>	
				7000021166873 -03/18/9701117001 ****373-75 ****673-75			
					***************************************	1/A) \~	
					~	BANA !	
8. Name and Address of Current F	Registered Age	nt		9. Name and A	Light New Registered Agen	51,	
			Name Martin Minshall Street Address (P.O. Box Number is Not Acceptable)				
308 Quail Crt.			308 Quail Crt. Suite, Apt. #, Etc.				
Jasserverry, 11. 32707			City State Zip Code				
10. I, being appointed the registered agent of the abor	e named corpo	retion am familiar wi	-	berry		32707	
Signature of Cart Cart Cart Cart Cart Cart Cart Cart							
Registered Agent Date							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (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 Date Date Dayline Phone #							

Pg2g2

Minshall Enterprise, Inc. P. O. Box 180981 Casselberry, Fl. 32707

Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

To Division of Corporations;

Minshall Enterprise, Inc. did not receive any corporate renewal or annual report papers of any kind for 1996.

Date____3/12/97

Signed Martin Minshall sec/Treasure