PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR Secre				DEPARTMENT OF STATE Katherine Harris ecretary of State SION OF CORPORATIONS		FILED		
DOCUMENT # P95000049585 1. Corporation Name					01 OCT 29 PM 2: 06			
MUNKWITZ, BOUHAN ENTERPRIZES, INC.					SEGMETANY OF STATE TALLAHASSEE, FLORIDA			
Principal Pl	ace of Business	Mailing Add	ess		i 100 (100 (100	18181 S1141 SS211 SS115 SS111 S\$711 \$1\$1\$	PINI NIISI ININI NIIS IND	
			9900-29 DANIELS PKWY FORT MYERS FL 33912 US					
				Ĩ	REINST	TATEMENT	\mathcal{L}_{0}	
			ling Office Address, If Applicable 4.		Date Incorp.	rporated or Qualified siness in Florida 06/23/1995		
Suite, Apt. #, etc. Suite, Ap			, etc.		5. FEI Number	65-0591026	Applied For	
·			City & State Zip Country			58.75	Not Applicable Additional Fee required	
Zip					<u> </u>	OF STATUS DESIRED 🗹 for	a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Name of Officers Street Address of Each								
Title(s) 1	and/or Directors		3 Officer and/or Director		City / State / Zip			
D	MCGUIRE, TRACY		9790 COUNTRY OAKS DR			FORT MYERS FL 33912		
				-				
					6000046902064 -11/21/0101015010			
·						****758.75		
						LS		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
MCGUIRE, TRACY					(8001)			
6900-29 DANIELS PKWY					P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.				
-	and the control of th	₹% ±	3.	City		State FL	Zip Code	
10. I, being	appointed the registered age	ent of the above named com	oration, am familiar w	ith and accept the o	bligations of Secti	ion 607.0505, F.S.		
	1	- A -						
Signature o Registered	Agent Muly	MEGISTERED A	ANTE COLOR	GRENO_		Date 10-16	-0/	

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 filling 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:

10-16-01