

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000052135**

1. Corporation Name
MINN AND FITZ INC.
72

Principal Place of Business 725 BROWARD ST. WEST PALM BEACH, FL.	Mailing Address 5670 SO. 38TH CT. GREENACRES, FL. 33463
--	---

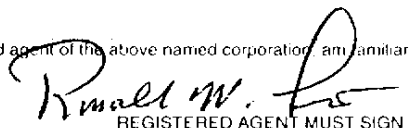
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. FEI Number 65-0588773	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
PRES	TONI MINNICK	5670 SO. 38TH CT.	GREENACRES, FL. 33463
TREAS.	TODD MINNICK	5670 SO. 38TH CT.	GREENACRES, FL. 33463
V.P.	STEVE L. KING	1125 RHAPSODY WAY	ROYAL PALM BCH FL 33411

REINSTATEMENT

97-99 TB 4/5/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Name RONALD W. FROST Street Address (P.O. Box Number is Not Acceptable) 2854 FLORAL RD. Suite, Apt #, Etc. City LANTANA, State FL Zip Code 33462	
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.		Date 3/29/99	

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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:  **3-29-99 (561) 7628196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #