

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 Mailing Address

725 BROWARD ST. **5670 SO. 38TH CT.**
WEST PALM BEACH, FL. **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

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For

65-0588773 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)

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

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8. Name and Address of Current Registered Agent

Signature of Registered Agent: *Ronald W. Frost*
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

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)(c), 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: *Toni Minnick* 3-29-99 (561) 7628196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

CR2E08 11/2/98