PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097818

1. Corporation Name
MUNEGIN'S, INC.

REINSTATEMENT

CR2E081 (10/09) 09

2. Principal Office Address- No P.O. Box #
4005 NW 13th St
Suite, Apt. #, etc
City & State
Gainesville FL
Zip 32609 County Alachua

3. Mailing Office Address
Suite, Apt. #, etc
City & State
Zip County

4. Date Incorporated or Qualified To Do Business in Florida 12-28-95

5. FEI Number 59-3350214 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name mariah jones

Street Address (P.O. Box Not Acceptable) 205 NW 147th Way Ft219

Suite, Apt. #, Etc.

City Newberry State FL Zip Code 32669

☑ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent [signature] Date 11-4-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each officer and/or Director	City/State/Zip
PD	ROBERT O. MONAGHAN	12306 SW 11th Ave	NEWBERRY FL 32669
STD	TERRI L MONAGHAN	12306 SW 11th Ave	NEWBERRY FL 32669

600162504866
11/05/09--01002--002 **150.00

10. E-mail Address: Penny@JMSmithCPA.com
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: Robert O Monaghan 11-4-09 352 665 0118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#