

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 18 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011661

1. Corporation Name

Mingo Bay Communications, Inc.

2. Principal Office Address

757 SE 17 St.

3. Mailing Office Address

757 SE 17 St.

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

REINSTATEMENT

04-186

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1996

5. FEI Number

570956929

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

Albert J. Lazo, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3326 Mary Street

Suite, Apt. #, Etc.

Suite 601

City

Miami

State

FL

Zip Code

33133

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

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/13/06

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	Steven Craney	757 SE 17 St. #301	Ft. Lauderdale, FL 33316
S	Albert J. Lazo	757 SE 17 St. #301	Ft. Lauderdale, FL 33316

10. 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 contained in Chapter 119, 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] ALBERT LAZO- SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

786-253-5370

Daytime Phone #

2/2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE 2004 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


ALBERT J. LAZO
SECRETARY