

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000056651**

1. Corporation Name

MINGO INTERNATIONAL, INC.

Principal Place of Business

421 BAYSHORE DRIVE
PANAMA CITY BEACH FL 32407
US

Mailing Address

BOX 9781
PANAMA CITY BEACH FL 32417
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1996

5. FEI Number

59-3519134

SP
Applicable
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MOORE, LAURA	17680 FRONT BEACH ROAD	PANAMA CITY BEACH FL 32413
DVST	WOLF, ZORINA	833 AMES AVENUE	PALO ALTO CA 94303

600003532376--9
-01/11/01--01026--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MOORE, LAURA
421 BAYSHORE DRIVE
PANAMA CITY BEACH FL 32407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Laura Moore
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-20-00

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 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:

Laura Moore
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-00 850-230-2109

CR2E040 (8/00)