

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000087893

1. Corporation Name

MNF ONE INC.

FILED

98 MAR -3 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3837 Lake Emma Rd.
Lake Mary Fl 32746**

Mailing Address

**3837 Lake Emma Rd.
Lake Mary Fl 32746**

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

2. New Principal Office Address, If Applicable

see above

3. New Mailing Office Address, If Applicable

see above

4. Date Incorporated or Qualified
To Do Business In Florida

10/24/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/S/T	Marcello, William J	3837 Lake Emma Rd.	Lake Mary Fl 32746
			400002445854--5

8. Name and Address of Current Registered Agent

**Ferrari, Franco
860 E Semoran Blvd.
Casselberry, Fl. 32707**

9. Name and Address of New Registered Agent

Name

Marcello, William J

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

3837 Lake Emma Rd

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-28-98**

11. This corporation owes or has paid 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-98

CR2E040 (1/98)



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 726796 8750A

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Pizito

ORDER DATE : March 3, 1998

ORDER TIME : 1:31 PM

ORDER NO. : 726796-005

CUSTOMER NO: 8750A

CUSTOMER: William R. Herrman, Esq
William R. Herrman, Esq
Suite 105
409 Montgomery Road
Altamonte Sprin, FL 32714

DOMESTIC FILINGS

NAME: MNF ONE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS

DD

RECEIVED
98 MAR -3 PM 1:57
DIVISION OF CORPORATION