

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 14 PH 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000003920

**1. Corporation Name**

MIGHTY MIKE'S TATTOOING, INC.

000037343160  
05/26/04--01052--001 \*\*358.75

000037343160  
05/26/04--01052--002 \*\*700.00

**2. Principal Office Address**

1762 S.E. PSL BLVD

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

Zip

34952

Country

USA

**3. Mailing Office Address**

1762 S.E. PSL BLVD

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

Zip

34952

Country

USA

**REINSTATEMENT**

9804

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0784018

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MICHAEL N. LEWANDOWSKI

Street Address (Post Box Number is Not Acceptable)

1762 Port Saint Lucie Blvd.

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34952

**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

5-10-04

**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
PRES.	MICHAEL LEWANDOWSKI	1762 S.E. PSL BLVD PT. ST. LUCIE, FL 34952	PT. ST. LUCIE, FL

**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 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

5-10-04

Daytime Phone #

(772) 337-7691

CR2E081 (10/02)

2012

MIGHTY MIKE'S TATTOOING, INC.  
1762 S.E. PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

May 11, 2004

To Whom It May Concern:

I am writing to request the reinstatement of active status for my corporation. I have not received any forms for my annual reports because they have been going to the wrong address ever since my corporation was created. I am including the past due fees of \$1050.00 as well as \$8.75 for a certificate of status. I am hoping to be forgiven for any penalties as having never received the annual report forms I was unaware they were required.

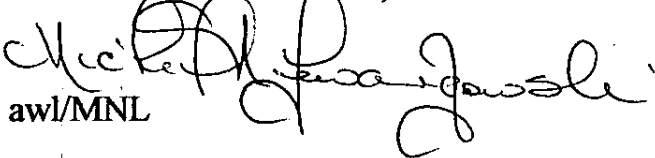
Please send all future correspondence to the Port Saint Lucie address listed on my corporation reinstatement form.

Thank you for your consideration in this matter.

Sincerely yours,

Michael N. Lewandowski,

awl/MNL

 5-11-04