

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P97000079858

2. Principal Office Address

290 SW 12th Ave

Suite, Apt. #, etc.

Suite 11

City & State

Pompano Beach FL

Zip

33069

Country

USA

3. Mailing Office Address

290 SW 12th Ave

Suite, Apt. #, etc.

Suite 11

City & State

Pompano Beach FL

Zip

33069

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

9-15-1997

5. FEI Number

65-0780845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mungin, Maury S

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

290 SW 12th Ave

Suite, Apt. #, Etc.

Suite 11

City

Pompano Beach

State

FL

Zip Code

33069

900009670509

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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

Maury S. Mungin

REGISTERED AGENT MUST SIGN

Date 12-19-02

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
P	Monica C Mungin	290 SW 12 th Ave Ste 11	Pompano Beach FL 33069
ST	Maury S Mungin	290 SW 12 th Ave Ste 11	Pompano Beach FL 33069

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:

Maury S. Mungin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-02

Date

954-782-8449

Daytime Phone #

CR2E081 (9/01)