

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000080658

1. Corporation Name

MUNHOLLAND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

129 N. FORT HARRISON
CLEARWATER FL 33755

129 N. FORT HARRISON
CLEARWATER FL 33755

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

15729 Woodson

Overland Park, KS

66223

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1997

5. FEI Number

59-3326051

Applied For

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
D	MUNHOLLAND, WILLIAM	2050 MCCORMICK DR., STE. 120	CLEARWATER FL 33750
		15729 Woodson Overland Park, KS 66223	Overland Park, KS 66223
			300004718613--2 -12/11/01--01051--018 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEATON, KAREN S
111 2ND AVE., NE STE. 620
ST. PETERSBURG FL 33731-1139

Name
William Munholland
Street Address (P.O. Box Number is Not Acceptable)
129 N. Ft. Harrison
Suite, Apt. #, Etc.
City
Clearwater
State
FL
Zip Code
33755

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

REGISTERED AGENT MUST SIGN

Date 10-31-01

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:

William A. Munholland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

10-31-01 722-289-2234

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Munholland Enterprises Inc.
129 N. Ft. Harrison
Clearwater, FL 33755

November 5, 2001

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

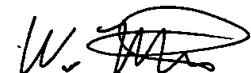
To Whom It May Concern:

This letter is a request for leniency for the reinstatement of my corporation, Munholland Enterprises Inc. For the last two years, while working from this same address, I have not received any requests for my corporation's annual report/uniform business report. Thus, last year, I was required to pay the penalty fee's for reinstatement. Realizing that I did not want this to happen again, I have watched my mail for the past year awaiting the same request – and it did not come until I received the notice of Administrative Dissolution.

I have changed the mailing address in the application to another address attempt to insure that this does not happen again.

Thank you and I look forward to continuing my Florida Corporation.

Regards,



William Munholland