

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # R97000080658

1. Corporation Name

MUNHOLLAND ENTERPRISES, INC.

Principal Place of Business

129 N. FORT HARRISON
CLEARWATER FL 33755

Mailing Address

15729 WOODSON
OVERLAND PARK KS 66223

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

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	15729 WOODSON	OVERLAND PARK KS 66223

8. Name and Address of Current Registered Agent

MUNHOLLAND, WILLIAM
129 N. FORT HARRISON
CLEARWATER FL 33755

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/30/02

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02

Date

816-564-4874

Daytime Phone #

CR2ED40 (8/02)

William Munholland, President
Munholland Enterprises, Inc.
15729 Woodson
Overland Park, KS 66223

December 16, 2002

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314 - 6327

RE: Munholland Enterprises, Inc.
Document Number: P97000080658


Dear Sir or Madam:

I respectfully request that the reinstatement fee be waived because the corporation did not receive any of the two prior uniform business report notices. The corporation has a new mailing address and the appropriate records may not have been changed on time.

The corporation also has a new accountant who has added all of the compliance including the annual filing to his due date listing system to make certain this non compliance does not happen in the future.

If any additional information is required please let me know.

Sincerely,



William Munholland
President

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314-6327
DEC 17 2002

DO NOT WRITE IN THESE SPACES

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