

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032410

1. Corporation Name

MSMN INC.

Principal Place of Business

Mailing Address

~~5585 OVERSEAS HWY~~
MARATHON FL 33050

~~5585 OVERSEAS HWY~~
MARATHON FL 33050



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0828573

Applied For

Not Applicable

City & State

City & State

Marathon, FL
Zip 33050

Country USA

Marathon FL
Zip 33050

Country USA

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	4 City / State / Zip
P	GOODWIN, DEBRA	285 B 66 STREET OCEAN P.O. Box 501226	MARATHON FL 33050 200003496782--6 -12/12/00--01039--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODWIN, DEBRA

~~285 B 66 ST OCEAN~~
MARATHON FL 33050

9 Sombero Blvd. Unit 210
Marathon FL 33050

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/16/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

(305) 284-0938
Daytime Phone #



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MSMN
dba. McDonald's
PO Box 501226
Marathon, FL 33050

October 16, 2000

Dear Dept. of State,

I am writing to explain my late corporate renewal. This was the first noticed I received this year. It was brought to me from my neighbor. None of your notices have been correctly delivered. At the start of this year the local Post Office decided my physical business address should change from 5585 Overseas Hwy, (which it has been for 12 years) to 5595 Overseas Hwy. This has caused me to miss some critical pieces of mail until I can get the address on record changed. I realize that this is not your problem but I would really appreciate it if you would reinstate my corporation with no penalty.

When I called your office to inquire about my options under the circumstances they told me to write this letter and explain this situation. Please take this into consideration. I have only been a corporation since 1998 and still rely on your notices for renewal. After this experience I am quite confident I will know to look for the paperwork and call you if I don't receive it.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Debra Goodwin".

Debra Goodwin