

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000032564

1. Corporation Name

MOUSEWORKS, INC.

Principal Place of Business

Mailing Address

~~20430 NORTHEAST 15 AVE~~
~~N MIAMI BEACH FL 33179~~

~~20430 NORTHEAST 15 AVE~~
~~N MIAMI BEACH FL 33179~~

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

2. New Principal Office Address, If Applicable

16250 NE 2nd Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33162

Country
DAVE

3. New Mailing Office Address, If Applicable

16250 NE 2nd Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33162

Country
DAVE

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1998

5. FEI Number

65-0827331

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	TITTLE, RICKY	20430 NORTHEAST 15 AVE	N MIAMI BEACH FL 33179
D	TITTLE, CHERYL	20430 NORTHEAST 15 AVE	N MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

TITTLE, CHERYL

20430 NORTHEAST 15 AVE

N MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

CHERYL TITTLE

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

16250 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33162

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

Cheryl Little

REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

Cheryl Little - CHERYL TITTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

786/553-6659

CR2040 (7/03)

MouseWorks, Inc.

16250 NE Second Avenue

Miami, Florida 33162

786/553-6659 Fax: 305/651-8003 e-mail: info@emouseworks.com

October 23, 2003

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Sirs:

Please be advised that I failed to receive the prior Uniform Business Report notices. I have completed the enclosed form, including noting the address change, and my check for \$150.00 as per the instructions under "Important Facts". Please reinstate Mouseworks, Inc. as an active Florida Corporation.

Thank you kindly for your assistance with this matter.

Regards,



Cheryl Tittle
President