

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000012283**

1. Corporation Name

**THE MUNDY GROUP, INC.**

Principal Place of Business

7220 N. COCOA BLVD.  
SUITE 204  
COCOA FL 32927

Mailing Address

7220 N COCOA BLVD  
SUITE 204  
COCOA FL 32927

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

02/04/1999

5. FEI Number

59-3556446

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
P	MUNDY, DONNA A	7220 N. COCOA, STE 204	COCOA FL 32927

900023750479  
10/13/03--01064--018 \*\*150.00

8. Name and Address of Current Registered Agent

MUNDY, MAX E  
7220 N COCOA BLVD  
SUITE 204  
COCOA FL 32927

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

*Max E. Mundy*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Donna A. Mundy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna A. Mundy*

Date

10/9/03

Daytime Phone #

321-231-5047

CR2040 (7/03)

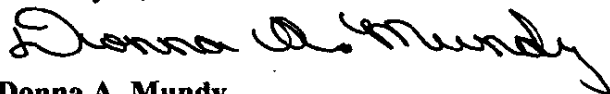
**The Mundy Group, Inc  
7220 N. Cocoa Blvd., #204  
Cocoa, FL 32927  
Phone/fax: 321-631-5047  
mundygroup@aol.com**

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**To whom it may concern:**

**This is to make notification that The Mundy Group Inc, a Florida for profit corporation, requests a waiver of penalty and fees re: Application for Reinstatement Document #P99000012283 for 2003. The above named corporation did not receive the 2003 Uniform Business Report form from the state. Form for reinstatement and \$150 check is attached – per phone conversation instructions this AM.**

**Thank you,**



**Donna A. Mundy  
President  
The Mundy Group, Inc**