

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 PH 5:13

DOCUMENT # P99000029359

1. Corporation Name

MINOS, INC.

Principal Place of Business

Mailing Address

6620 INDIAN CREEK DRIVE, #118  
MIAMI BEACH FL 33141

6620 INDIAN CREEK DRIVE, #118  
MIAMI BEACH FL 33141

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1999

5. FEI Number

65-0910306

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
PSTD	SCHREURS, MARIA E	6620 INDIAN CREEK DRIVE, #118	MIAMI BEACH FL 33141
			300004654493--5 -10/26/01--01023--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIBLEY, CHARLES J ES.Q  
1925 BRICKELL AVENUE  
SUITE D-207  
MIAMI FL 33129

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

10-15-01 305-8687660

CR2E040 (8/01)

Minos Inc.  
6620 Indian Creek Drive #118  
Miami Beach, Florida 33141

Miami Beach, October 13, 2001

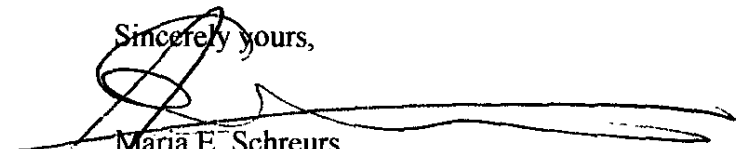
Florida Department of State  
~~Division of corporations~~  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Department of State:

I hereby declare that I have not received any notice from the Florida Department of State Division of Corporations stating to pay a \$150,00 installment fee before September 21<sup>st</sup> of 2001. The notice of administrative dissolution was the first item of mail I received from this department in the year 2001. It is unfortunate since I normally do not experience any inconsistencies in the mail delivery.

If you require any additional information please, do not hesitate to contact me,

Sincerely yours,



Maria E. Schreurs  
President Minos Inc.