

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000045256			
1. Corporation Name Minna-Soda-Blasters, Inc.			
2. Principal Office Address 2220 Santiago Ave Suite, Apt. #, etc.		3. Mailing Office Address 2220 Santiago Ave Suite, Apt. #, etc.	
City & State Ft. Myers, FL.		City & State Ft. Myers, FL.	
Zip 33905	Country Lee	Zip 33905	Country Lee

4. Date Incorporated or Qualified To Do Business in Florida May 18, 1999	
5. FEI Number 650985587	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name SHARON K. FREDRICKSON	
Street Address (P.O. Box Number is Not Acceptable) 2220 Santiago Ave	
Suite, Apt. #, Etc.	
City Ft. Myers,	State FL
	Zip Code 33905

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sharon K. Fredrickson	2220 Santiago Ave	Ft Myers, FL. 33905

02-03 UBR TS

10. 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:	Sharon K. Fredrickson	5/02/03	239-334-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Minna-Soda Blasters, Inc.

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• All Types of Media Blasting •

May 3, 2003

Justin M. Shivers
Florida Department of State
Division of Corporations
Corporate Records
P.O. box 6327
Tallahassee, Florida 32314

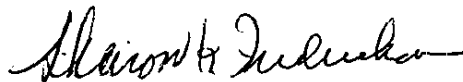
Dear Mr. Shivers:

RE: Minna-Soda-Blasters, Inc.
Ref. Number P99000045256
Reinstatement of corporation

I received your letter regarding the above matter. I did not receive Uniform Business Report in 2002. In fact, when my husband received the form for his corporation we called to see why I had not received one for the above Corporation. They sent us a blank form which we filled out and attached a check and returned to the State. I received your letter stating that the above Corporation was dissolved, unbeknown to me.

Please reinstate the Corporation, enclosed are two checks one for 2002 in the amount of \$150.00 and one for 2003 in the amount of \$150.00.

Sincerely,



Sharon K. Fredrickson
President