

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



2000 well

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000051142

1. Corporation Name

MIND YOUR OWN BUSINESS CENTERS, INC.

Principal Place of Business

Mailing Address

8054 WASHINGTON STREET
 PORT RICHEY FL 34668

8054 WASHINGTON STREET
 PORT RICHEY FL 34668



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 06/01/1999 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3584727 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|---------------|--|---|-------------------------|
| PS | ORLANDO, PERRY M | 8054 WASHINGTON STREET | PORT RICHEY FL 34668 |
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SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORLANDO, PERRY M
 8054 WASHINGTON STREET
 PORT RICHEY FL 34668

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
 REGISTERED AGENT MUST SIGN

Date

10/30/00

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

Date

10/30/00

Daytime Phone #

121-546-8187

CR2E040 (8/00)

48292
MIND YOUR OWN BUSINESS CENTERS, INC

October 30, 2000

Florida Department of State
Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

I am in receipt of the Application for Reinstatement received today, October 30, 2000.

I completed and mailed the original form on Friday, April 14, 2000. I know this to be true since I completed my personal taxes at the same time.

Enclosed please find the completed Reinstatement Application along with a check for \$150.00. I respectfully request that the penalties be waived.

Very truly yours,



Perry M. Orlando