

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063972

1. Corporation Name

MindComet Corporation

2. Principal Office Address
500 Winderley Place

3. Mailing Office Address
500 Winderley Place

Suite, Apt. #, etc.
Suite 115

Suite, Apt. #, etc.
Suite 115

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country
Orange

Zip
32751

Country
Orange

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/19/1999

5. FEI Number
59-3588957

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
Edward H. Murphy

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

Suite, Apt. #, Etc.
Suite 115

City
Maitland

State
FL

Zip Code
32751

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

02/18/2005

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
P	Edward H. Murphy	500 Winderley Place #115	Maitland, FL 32751

200047589242
03/02/05--01056--001 **1058.75

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:

Edward H. Murphy

02/18/2005

407-838-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 01/05