

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*



APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S04503

1. Corporation Name

MINGO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1467 S. GREENWOOD AVE.
 SUITE 3
 CLEARWATER FL 34616

1467 S. GREENWOOD AVE.
 SUITE 3
 CLEARWATER FL 34616
 33756

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

09/25/1990

5. FEI Number

59-3028158

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KENLY, ELEANOR M.	19 HIBISCUS ROAD	BELLEAIR FL

REINSTATEMENT *JS*
TTIS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENLY, ELEANOR M.
 1467 S. GREENWOOD AVE.
 SUITE 3
 CLEARWATER FL 34616
 33756

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 *Eleanor M. Kenly*
 REGISTERED AGENT MUST SIGN

Date *Oct. 14, 2003*

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: *Eleanor M. Kenly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E040 (7/03)

Pay encl

October 15, 2003

1467 S. Greenwood Ave.
Suite 3
Clearwater, Fl. 33756

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

I am enclosing my check for \$150.00 for reinstatement of my company.
I have spoken with someone in Tallahassee who has told me what to do.

I have had my license since 1958 in Largo. I did, however, open my own business in 1990 and my husband handled all the paperwork. My husband is no longer available to do this and honestly, I guess I slipped up here on this as I do not remember receiving this paper. It was unintentionable and I would like to have the late fee waived, if possible.

Sincerely,

Eleanor M. Kenly
Eleanor M. Kenly

Enclosure