

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 13 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26977**

1. Corporation Name

MINEYA MULTIPLE SERVICES, CORP.

Principal Place of Business

12385 S.W. 151 STREET
SUITE 206
MIAMI FL 33186

Mailing Address

12385 S.W. 151 STREET
SUITE 206
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

116 SW 2nd st
suite B

City & State
Belle Glade, FL

Zip
33430

Country
U.S.A

3. New Mailing Office Address, If Applicable

157 41 SW 139 Ct

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33177

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1991

5. FEI Number

65-0244181

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	GUERRERO, NELSON E.	12385 S.W. 151 ST. NORTH, #206 116 SW 2nd st suite B	MIAMI FL 33186 Belle Glade FL 33430
			100002432761-0 -02/17/98-01053-005 ****900.00 ****900.00

REINSTATEMENT

97-98
A. Man
2/13/98

8. Name and Address of Current Registered Agent

GUERRERO, NELSON E
12385 S.W. 151 STREET → 116 SW 2nd st suite B
MIAMI FL 33186 Belle Glade FL 33430

9. Name and Address of New Registered Agent

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 *Nelson Guerrero*

REGISTERED AGENT MUST SIGN

Date 1-29-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: *Nelson Guerrero* Nelson Guerrero 1-28-98 (305) 2526107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)