

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 25 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02483**

1. Corporation Name

Ment, Inc.

Principal Place of Business

Mailing Address

PMB 341
1440 Coral Ridge Dr.
Coral Springs FL 33071

Same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0305873

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Richard Bleicher	602 NW 111 Way	Coral Springs FL 33071
V.P. Sec	Michelle Bleicher	602 NW 111 Way	Coral Springs FL 33071

98-99 AR TS

900002977819--9

09/02/99--01105--017

****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard Bleicher
602 NW 111 Way
Coral Springs FL 33071

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

Richard Bleicher

REGISTERED AGENT MUST SIGN

Date

8/21/99

11. This corporation owes 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:

Richard Bleicher Richard Bleicher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

Date

(54)3412741

Daytime Phone #

2

July 19, 1999

To Whom It May Concern:

I understand that my corporation Ment, Inc. (document V02483) has been dissolved for failure to file and pay.

In checking my records, it appears that I have not received my annual filing reports for the past two years.

If you would review my record, you will see that every year, 1991 – 1997, my fees were paid in a timely manner.

At this time, I would like to ask for reinstatement for my corporation. However I cannot afford to pay the \$900.00 for this reinstatement fee.

I would appreciate it, if, upon review, of my previous filing records, that I be allowed to pay \$300.00 to reinstate my corporation.

Please let me know as soon as possible so that I may send the reinstatement form and my check to your office.

Thank you for your help in this matter.

Sincerely,

Richard Bleicher

Richard Bleicher, president
Mann Enterprises
PMB 341
1440 Coral Ridge Dr.
Coral Springs, FL 33071
Bus 954 341 2741
Fax 954 345 3653