PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 NOV 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V67185

1. Corporation Name
MINORITY MATERIALS, INC.

Mailing Address	Principal Place of Business
361 E. Main St Canajoharie, NY 13317	370 Enterprise St Ocoee, FL 34761

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

REINSTATEMENT 9/20

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
361 E. Main St.	370 Enterprise St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Canajoharie, NY	City & State: Ocoee, FL
Zip: 13317 Country: USA	Zip: 34761 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/29/92

5. FEI Number: 59-314 3197 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	INGA LOGAN	20005 US 27N #185 CLERMONT, FL 34711	
P S T/D	THOMAS R. LOGAN	361 E. Main St Canajoharie, NY 13317	

100002809451--1
-11/20/96--01026--009
****383.75 ****383.75

8. Name and Address of Current Registered Agent

INGA LOGAN
370 ENTERPRISE ST.
OCOEE, FL. 34761

9. Name and Address of New Registered Agent

Name: R.W. MORRISON
Street Address (P.O. Box Number is Not Acceptable): 105 E. ROBINSON ST.
Suite, Apt. #, Etc.: SUITE 201
City: ORLANDO State: FL Zip Code: 32801

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: R.W. Morrison Date: 11/19/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Inga Logan 11/19/96 (800) 941-7452
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/94)