

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 19 PM 1:57

DOCUMENT # **548372**

1. Corporation Name
MIGUEL'S POSADA DEL REY, INC.

Principal Place of Business Mailing Address
 19 E. NEW HAVEN AVE PO BOX 1476
 MELBOURNE FL 32901 MELBOURNE FL 32902



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	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		10/04/1977	
City & State.		City & State		5. FEI Number	
Zip		Country		59-1769512	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
V	MCGILL, CHERYL F	607 LOGGERHEAD	SATELLITE BCH, FL 32937
V	KAUFFMAN, RICHARD L	220 HEDGECOCK CT	SATELLITE BCH, FL 32937
ST	MCGILL, EMMETT	607 LOGGERHEAD	SATELLITE BCH, FL 32937
PD	KAUFFMAN, RUTH	220 HEDGECOCK CT	SATELLITE BCH, FL 32937
			300004661783--0 -11/01/01--01008--006 ****750.00 ****500.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KAUFFMAN, RUTH M. 19 E. NEW HAVEN MELBOURNE FL 32901		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 *Ruth Kauffman* REGISTERED AGENT MUST SIGN Date 10/15/01

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: *Ruth Kauffman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/01 Daytime Phone #

CR2E040 (8/01)