

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J19949**

1. Corporation Name
THE MIAMI MANIAC, INC.

Principal Place of Business	Mailing Address
% JOSE E. MARTINEZ 799 BRICKELL PLAZA, SUITE 608 MIAMI FL 33143 US	% JOSE E. MARTINEZ 6220 SW 57TH DR. MIAMI FL 33143 US

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



2. New Principal Office Address, If Applicable JOHN ROUTH Suite, Apt. #, etc. 6220 SW 57 DRIVE City & State MIAMI, FL Zip 33131 Country MIAMI DADE	3. New Mailing Office Address, If Applicable JOHN ROUTH Suite, Apt. #, etc. 6220 SW 57TH DRIVE City & State MIAMI, FL Zip 33131 Country MIAMI DADE	4. Date Incorporated or Qualified To Do Business in Florida 06/18/1986
		5. FEI Number 59-2684515 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 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
PD	ROUTH, JOHN	6220 S.W. 57TH DR.	MIAMI FL
			800003046678--5 -11/17/99--01011--017 ****750.00 ****750.00
REINSTATEMENT <i>gg</i> ITS			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARTINEZ, JOSE E. 799 BRICKELL AVENUE SUITE 608 MIAMI FL 33131-0808	Name JOHN ROUTH Street Address (P.O. Box Number is Not Acceptable) 6220 SW 57th DRIVE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33131

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: *John H. Routh* Date: *11-1-99*
REGISTERED AGENT MUST SIGN

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: *John H. Routh* **JOHN H. ROUTH** Date: *11-1-99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
305-666-0230