PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -4 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000065820

1. Corporation Name
MIELE-SIMONSON ESTATES H.O.A., INC.
2421 SW 127th AVENUE
DAVIE, FL 33325.

2. Principal Office Address	3. Mailing Office Address
2421 SW 127th Ave	2421 SW 127th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: Davie. FL
Zip: 33325 Country: US	Zip: 33325 Country: US.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 41-2044530 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VERONICA MIELE
Street Address (P.O. Box Number is Not Acceptable): 2055 SW FIAMINGO Rd
Suite, Apt. #, Etc.:
City: Davie State: FL Zip Code: 33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Veronica Miele Date: 2/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Veronica Miele.	2421 SW 127th Ave	Davie. FL 33325
PD	Frank Miele.	2421 SW 127th Ave	Davie. FL 33325.

000093158500
04/20/04--01058--020 **550.75

REINSTATEMENT 02 04

10. 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: Veronica Miele 2/20/04 954-473-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #