

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038693

1. Corporation Name

MIAMI'S BEST DEALS, INC.

2. Principal Office Address

3006 NW 79 AVE

3. Mailing Office Address

3006 NW 79 AVE

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

13

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/16/1995

5. FEI Number

65-0582699

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

GRNJA, MARK

Street Address (P.O. Box Number is Not Acceptable)

3006 NW 79 AVE

Suite, Apt. #, Etc.

13

City

DORAL

State

FL

Zip Code

33122

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

REGISTERED AGENT MUST SIGN

Date 08/14/2006

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
PD	GRNJA, MARK	3006 NW 79 AVE #13	DORAL, FL 33122

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Grnja-President

08/14/2006

Date

Daytime Phone #