

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 DEC -2 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V70456**

1. Corporation Name  
**MICHAEL EAKINS ENT., INC.**

Principal Place of Business Mailing Address  
18282 W. DIXIE HWY. MIAMI FL 33166 US  
677 N.E. 206 TERR. MIAMI FL 33179 US



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

**REINSTATEMENT** *altered 12/19/96*

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
**1122 N.E. 210 TERRACE**  
Suite, Apt. #, etc.  
**MIAMI, FL**  
City & State  
Zip **33179** Country **USA**

4. Date Incorporated for Continuance To Do Business in Florida **10/13/1992**

5. FEI Number **65-0372886** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EAKINS, MICHAEL	677 N.E. 206 TERR. 1122 N.E. 210 TERRACE	MIAMI FL 33179
			600002020606--0 -12/05/96--01027--002 ****200.00 ****200.00
			600002020606--0 -12/05/96--01027--003 ****175.00 ****175.00

8. Name and Address of Current Registered Agent  
**PEREZ-SIAM, FRNAK**  
8450 S.W. 70TH ST.  
MIAMI FL 33143

9. Name and Address of New Registered Agent  
Name **MICHAEL EAKINS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1122 N.E. 210 TERRACE**  
Suite, Apt. #, Etc.  
City **MIAMI** State **FL** Zip Code **33179**

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 *[Signature]* Date **9-23-96**  
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: *[Signature]* **MICHAEL EAKINS** Date **9-23-96** Daytime Phone # **305-682-1718**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2240 (7/96)