

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **192985**

1. Corporation Name

MIRUCO CORP.

97 SEP 15 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

8207 N.W. 70 Street--SAME  
Miami, Fl. 33166**REINSTATEMENT**95-97  
ad

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

2. New Principal Office Address, If Applicable

500 N.E. 190 St.

3. New Mailing Office Address, If Applicable

500 N.E. 190 St.

4. Date Incorporated or Qualified  
To Do Business in Florida

7-1-1956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6066414

Applied For

☒ Not Applicable

City &amp; State

Miami, Fl.

City &amp; State

Miami, Fl.

Zip

33179

Country

DADE

Zip

33179

Country

DADE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BAROS, EVANS E.	4209 Granada Blvd.	33146 Coral Gables, Fl.
V	BAROS, J. W., Jr.	3801 N. W. 207 St, #34	Aventura, Fl. 33180

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\*\*\*1088.75 \*\*\*1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. W. Baros, Jr.  
8207 N. W. 70 Street  
Miami, Fl. 33166

Name

MONROE GELB

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

3400 S. W. Third Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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*Monroe Gelb*  
REGISTERED AGENT MUST SIGN

Date 9/12/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. W. Baros, Jr. Vice Pres.

9/12/97 (305)654-9209

Date

Daytime Phone #