

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 JUL 26 PM 12:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **398838**

1. Corporation Name
MIAMI TRANSMISSION, INC.

Principal Place of Business
**3740 NW South River Drive
 Miami, FL 33142**

Mailing Address

REINSTATEMENT 96-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/6/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1433352	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	MUNNE, JUAN C	3740 NW South River Drive	MIAMI, FL 33142
V-P	MUNNE, JUAN C	3740 NW SOUTH RIVER Drive	MIAMI, FL 33142
TR	MUNNE, JUAN C	3740 NW South River Drive	Miami, FL 33142

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JUAN MUNNE 3740 NW South River Drive Miami, FL 33142		Name DURAN & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 5511 SW 8th Street Suite, Apt. #, Etc. 202 City Miami, FL	
		State FL	Zip Code 33134

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: **7/9/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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. and 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]* Date: **7/9/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MANON** Daytime Phone #: **(305) 266-9780**

CR2E081 (12/98)