

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 599639

1. Entity Name
MIAMI INTERNATIONAL COMPONENTS, INC.



FILED

06 MAR 27 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E098 (11/05)

05.06

Principal Place of Business
142 WEST 29TH STREET
HIALEAH, FL 33012

Mailing Address
142 WEST 29TH STREET
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1880282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUETO, JOAQUIN
8235 NW 201 ST
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*** FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUETO, JOAQUIN
STREET ADDRESS 549 CASCADE FALLS DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600069547096
04/05/06--01041--018 **\$300.00

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOAQUIN CUETO
PRESIDENT

03/27/06

B. Mitchell MAR 30 2006