2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT # 756961 MIRALTY, INC.					0	FIL. 18 FEB 29	ED Am 11: 40	
Principal Place of Business 2511-2515 BAY BLVD INDIAN ROCKS BEACH, FL 33785 US Mailing Address 2181 INDIAN ROCKS RD LARGO, FL 33774 US						ŢA		E, FLORIDA	RIJARA BA JARAN
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					02182008 RE	EIN-NP	CR2E099 (1/07)		
City & State		City & State				4. FEI Number 59-21008	36		pplied For ot Applicable
Zip	Country	Zip Country			5. Certificate of S	status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Currer	nt Registered Agent				7. Name and Ad	dress of New Re	gistered Agent	
MCCONNELL, NICOLA 2181 INDIAN ROCKS RD S #1 LARGO, FL 33774				Name Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip Coo	le
8 The shove	named entity submits this statement	for the ourness of changing its	ropietero	ad office or r	rocietoro	d agent or both is	the State of Flor		and accord
	tions of registered agent.		- G						, ш. с сосор.
	Signature, typed or printed name of registered age	nt and title if applicable. (MCY	E: Registere	ed Agent signatu	ure required	t when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	
	Signature, typed or printed name of registered age	in accordar corporation	nce with	s. 607.193	3(2)(b), I	F.S., the		DATE ske check payable to the	
		in accordar corporation	nce with	s. 607.193 receive the	3(2)(b), l e prior n	F.S., the notice.	Florie	ske check payable t	tate
FII 10.	LE NOWIII FEE IS \$122.50 OFFICERS AND D	in accordar corporation	nce with did not	s. 607.193 receive the	3(2)(b), l e prior n	F.S., the ootice.	Florices	ike check payable t da Department of S	tate
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12. I nereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with afformation that my signature and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with afformation where the exemptions of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or secure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with afformation indicated on the corporation or the receiver of the corporation of the corporation of the exemptions of the exemptions of the exemption of the exemption