

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2018 AUG 22 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FL

300317533889  
CR28091 (11/10)

DOCUMENT # F04000003715

1. Corporation Name

SB MIRACLE REALTY CORP.

2. Principal Office Address - No P.O. Box #

3414 Peachtree Street, NE

3. Mailing Office Address

3414 Peachtree Street, NE

Suite, Apt #, etc

Suite 1075

Suite, Apt #, etc

Suite 1075

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30326

Country

USA

Zip

30326

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/2004

5. FEI Number

20-3955571

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COGENCY GLOBAL INC.

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

115 North Calhoun Street

Suite, Apt #, Etc

Suite 4

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent /s/ Eric B. Hood

Date 8/22/2018

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Allen O'Brien	3414 PeachTree St. NE Suite 1075	Atlanta, GA 30326

10. E-mail Address: aobrien@ire-capital.com

(To be used for future annual report notification)

11. 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 that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: /s/Allen O'Brien Allen O'Brien VP

8/22/2018

(404) 842-1422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

2018

Date: **August 22, 2018**

Account#: I200000000088

Name: **ERIC B. HOOD**

Reference #: **T018776**

Entity Name: **SB MIRACLE REALTY CORP.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **CERTIFICATE OF STATUS**

Authorized Amount: **A 1,508.75**

Signature: **EB Hood**