

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 31 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # F29887

1. Corporation Name

MIAMEX Co. Inc.

2. Principal Office Address

1696 SW 4th St

Suite, Apt. #, etc.

Home Steed

City & State

FLORIDA

Zip

33030

Country U.S.A

DADE

3. Mailing Office Address

P.O. Box 1175

Suite, Apt. #, etc.

Homestead

City & State

FLORIDA

Zip

33090

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 5, 1981

5. FEI Number

59-2404590

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

Vincent A. Hussain

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

1696 SW 4th Street

Suite, Apt. #, Etc.

City

Homestead

500003217755-7

04/21/00-01007-018

****465.00 ****465.00

500003217755-7

04/21/00-01007-018

****158.75 ****158.75

FL 33030

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

[Signature]

Date Feb 10, 2000

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
P	Vincent A. Hussain	1696 SW 4th St.	Homestead FL 33030
S	Vincent A. Hussain		
T	Vincent A. Hussain		

10. 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] Vincent A. Hussain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 10, 2000 305 248 6458

Daytime Phone #

CR2E081 (9/99)