

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -5 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F42170

1. Corporation Name

MITI CORP.

Principal Place of Business

Mailing Address

2924 COLLINS AVENUE
APT. 405
MIAMI BEACH FL 33140

1001 S. Bayshore Dr
Suite 2410
Miami FL 33131

REINSTATEMENT 90-97

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

August 26, 1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2634323

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PPD	GUSTAVO LORA	2924 COLLINS AVENUE	MIAMI BEACH FL 33140
VPD	GUSTAVO LORA, JR.	2924 COLLINS AVENUE	MIAMI BEACH FL 33140

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****915.00 ****915.00

js-9-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANUEL A. RAMIREZ, ESQ.
CASTRO & RAMIREZ P.A.
1001 SOUTH BAYSHORE DR. 2410
MIAMI, FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Manuel A. Ramirez
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., 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)(j), 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:

Manuel A. Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

Daytime Phone #

CR2000 (12/96)