

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F55232**

1. Corporation Name

**MIRAGO COMPANIES, INC.**

2. Principal Office Address

**8492 SE BRISTOL Way**

Suite, Apt. #, etc.

3. Mailing Office Address

**8492 SE BRISTOL Way**

Suite, Apt. #, etc.

City & State

**JUPITER FL**

City & State

**JUPITER FL**

Zip

**33458**

Country

**MARTIN**

Zip

**33458**

Country

**MARTIN**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1981**

5. FEI Number

**59-2139899**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

000017280620  
04/29/03--01033--015 \*\*300.00

7. Name and Address of Current Registered Agent

Name

**JOSEPH R. JOHNSON**

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

**1801 AUSTRALIAN AVE. SOUTH**

Suite, Apt. #, Etc.

**SUITE 200**

City

**WEST PALM BEACH**

State

**FL**

Zip Code

**33409**

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

REGISTERED AGENT MUST SIGN

Date **4/23/03**

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
D/S	CYNTHIA A. MICHODA	8492 SE BRISTOL Way	JUPITER, FL 33458
D/PT	MICHAEL MICHODA	8492 SE BRISTOL Way	JUPITER FL 33458

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:

**MICHAEL MICHODA**

**4/19/03**

**(501) 213-6887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

4/30

April 19, 2003

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Section

To Whom It May Concern:

Pursuant to my recent telephone conversation with Ms. Eula Peterson of your department, wherein she forwarded the enclosed Corporation Reinstatement form and instructed that we enclose a letter explaining that we did not receive the Uniform Business Report form for 2002. Further, we did not receive any "notice of intent to administratively dissolve" from the Division as well.

We therefore, respectfully request that the Division waive the reinstatement fee. Per Ms. Peterson, we have enclosed check no. 1633 in the amount of \$ 300.00 to cover the filing fees for years 2002 and 2003.

Thank you in advance for your consideration in this regard.

Sincerely,

Mirago Companies, Inc.



Michael Michuda, Pres.

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Enclsr (1)