

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 20 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004153**

1. Corporation Name

**MILES LOURIE INC.**

Principal Place of Business

**3362 DEVON Rd**  
3530 ST. GAUDENS COURT  
COCONUT GROVE FL 33133

Mailing Address

**3362 DEVON Rd**  
3530 ST. GAUDENS COURT  
COCONUT GROVE FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

**3362 DEVON Rd**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State

3. New Mailing Office Address, if Applicable

**3362 DEVON Rd**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/10/1994**

5. FEI Number

**13-3034674**

Applied For

☒ Not Applicable

Zip

**33133**

Country

**Miami, Fla.**

Zip

**33133**

Country

**Miami, Fla.**

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	City / State / Zip
1	2	3	4
PCVS	LOURIE, MILES J	3530 ST. GAUDENS COURT	COCONUT GROVE FL 33133
TD	LOURIE, MILES J	3530 ST. GAUDENS COURT	COCONUT GROVE FL 33133
SVP	LOURIE, LYN	3530 ST GAUDENS CT	COCONUT GROVE FL 33133

**300003031773--6**  
**-11/02/99--01020--006**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LOURIE, MILES J**  
**3530 ST. GAUDENS COURT**  
**COCONUT GROVE FL**

Name  
**Miles J. Lourie**  
Street Address (P.O. Box Number is Not Acceptable)  
**3362 DEVON Rd**  
Suite, Apt. #, Etc.

City  
**Miami**  
State  
**FL**  
Zip Code  
**33133**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10/17/99**

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., 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/17/99**  
Date  
**305 444 1001**  
Daytime Phone #

CR25040 (8/99)