

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # G-06316

1. Corporation Name

M.I.M.E., INC.

2. Principal Office Address

3600 Yacht Club Drive

Suite, Apt. #, etc.

1203

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

3600 Yacht Club Drive

Suite, Apt. #, etc.

1203

City & State

Aventura, Florida

Zip

33180

Country

USA

FILED

00 SEP 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/82

5. FEI Number

59-1709092

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 Evan R. Marbin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
48 East Flagler Street,

Suite, Apt. #, Etc.
PH-104

City
Miami

800003416508-6

-10/06/00--01009--024

****755.00 ****755.00

800003416508-6

-10/06/00--01009--024

*****2.75 *****3.75

State
FL

Zip Code
33131

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

Evan R. Marbin

Date 9/25/00

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
PD	Marbin, Sherrie Cohen	48 E. Flagler Street, PH-104 Miami, FL	Miami, Florida 33131
VD	Gregg, Morton A.	600 Sierra Circle	Coral Gables, Florida 33156
STD	Franklin, Irwin	3600 Yacht Club Drive, #1203	Aventura, Florida 33180

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:

Sherrie Cohen Marbin President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/00

(305) 371-2248

Daytime Phone #