

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G 65645

1. Corporation Name

MILIMOO ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

510 Hialeah Drive  
Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

Dade

3. Mailing Office Address

510 Hialeah drive  
Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

1983

5. FEI Number

592351045

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

Stephen Nelson

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

19929 SW 324 Street

Suite, Apt. #, Etc.

City

Homestead,

State

FL

Zip Code

33030

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Stephen Nelson*

REGISTERED AGENT MUST SIGN

Date 4-30-2007

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/D	Stephen Nelson	19920 SW 324 Street	Homestead, FL 33030
S/D	Margaret Nelson	19929 SSW324 Street	Homestead, FL 33030

200103230282  
05/24/07--01061--015 \*\*8.75

200103230282  
05/24/07--01061--016 \*\*450.00

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 contained in Chapter 119, 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:

*Stephen Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007  
Date

305-247-8907  
Daytime Phone #

257

MILIMOO ENTERPRISES INC.  
dba HIALEAH DAIRY QUEEN  
510 HIALEAH DRIVE  
HIALEAH, FL 33010

April 30, 2007

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

Gentlemen;

Enclosed is the Corporation Reinstatement Form completed for Milimoo Enterprises Inc. We did not receive a renewal notice and did not notice that the corporation was dissolved.

The form was completed and is mailed to you as per instructions by gblankenbaker of your staff. We have enclosed a cashier check in the amount of \$450.00 as instructed. In addition, a corporation check in the amount of \$8.75 is enclosed for a Certificate of Status.

Your help in this matter is appreciated.

Sincerely:



Stephen Nelson

Enclosures: Corporation Reinstatement Form  
Official Check from TIB Bank #443529334 \$450.00  
Milimoo Enterprises Inc. Check #9984 \$8.75