

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG 20 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H-20662
1. Corporation Name
Mi-Ro Realty, INC

900007293859--1
-08/22/02--01082--004
***1500.00 ***1500.00

REINSTATEMENT 97-02

2. Principal Office Address <u>10126 N.W. 27th Ave</u>		3. Mailing Office Address <u>P.O. Box 126825</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>HIACLEAH, FL</u>	
Zip <u>33147</u>	Country <u>U.S.A.</u>	Zip <u>33012</u>	Country <u>U.S.A.</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>9/12/1984</u>	
5. FEI Number <u>59-2150405</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>MIREYA CARDEVILA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10126 N.W. 27th Ave</u>	
Suite, Apt. #, Etc.	
City <u>Miami</u>	State FL
	Zip Code <u>33147</u>

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 Miry Capdevila Date 8/15/2002

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
<u>P/D</u>	<u>Roberto Capdevila</u>	<u>10126 N.W. 27th Ave</u>	<u>Miami, FL 33147</u>
<u>M</u>	<u>MIREYA CARDEVILA</u>	<u>10126 N.W. 27th Ave</u>	<u>Miami FL 33147</u>

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: Miry Capdevila (Mireya Capdevila) Date 8-15-2002 305-827-2167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)