

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 19 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (12/07)

**DOCUMENT #**

H21129

**1. Corporation Name**

MIAMI SPRINGS MOTEL, INC

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

661 EAST DR

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI SPRINGS, FL

**City & State**

**Zip**

**Country**

33166

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/14/1984

**5. FEI Number**

59-2447199

**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**

CALAFORRA, DELEGRIIN

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

8241 SW 11 TERRACE

Suite, Apt. #, Etc.

**City**

MIAMI SPRINGS

**State**

FL

**Zip Code**

33144

☒ 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**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date**

**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	CALAFORRA, PELEGRIIN	8241 SW 11 TER.	MIAMI, FL-33144
VD	CALAFORRA, ELENA	8241 SW 11 TER.	MIAMI, FL-33144
S	CALAFORRA, ERIC	8241 SW 11 TER	MIAMI, FL-33144

03/19/08--01005--013 \*\*\*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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-08

**Date**

**Daytime Phone #**

d/c

MIAMI SPRINGS MOTEL, INC  
661 EAST DRIVE  
MIAMI SPRINGS, FLORIDA 33166

17 March 2008

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

Dear Sir/Madam:

Re: Miami Springs Motel, Inc  
Document # H21129

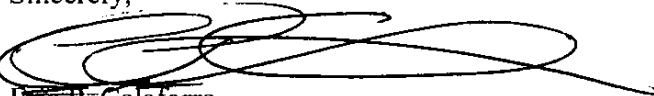
Enclosed herewith is our application for corporation reinstatement, we are herein certifying that prior notices were not received and are therefore requesting that the reinstatement fee be waived.

Also, herewith is enclosed our check number 2618 for the sum of \$ 450.00 covering the years of 2006, 2007 and 2008 annual reports, broken down as follows:

Annual Report fee (2006)	61.25
Corporate Supplemental Fee	88.75
Annual Report Fee (2007)	61.25
Corporate Supplemental Fee	88.75
Annual Report Fee (2008)	150.00
Total sum of	<hr/> \$ 450.00

Thank you for your assistance in this matter.

Sincerely,



Eric P. Calaforra  
Secretary  
Encls: