

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 26938

1. Corporation Name

José L. Miranda, Jr., Architect, P.A.

700139400967
12/31/08--01055--001 **150.00

REINSTATEMENT 08
CR2E081 (10/08)

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

5542 First Coast Hwy.

3. Mailing Office Address

5542 First Coast Hwy.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

Zip

32034

Country

32034

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1984

5. FEI Number

59-2463053

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

Jose L. Miranda Jr.

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

109 South 16th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/29/08

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
President	Jose L. Miranda Jr.	109 South 16th St.	F.B., FL 32034
VP	Lori S. Miranda	109 South 16th St.	F.B., FL 32034

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/08

Date

904-261-4586

Daytime Phone #