

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H82954

1. Corporation Name

MIAMI CORPORATE SYSTEMS, INC.

Principal Place of Business

Mailing Address

CATALONIA AVE. 2ND FLOOR
CORAL GABLES FL 33134
US

CATALONIA AVE. 2ND FLOOR
CORAL GABLES FL 33134
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1985

5. FEI Number

59-2778466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RASCO, RAMON E.	5200 BLUE LAGOON DR #700 283 Catalonia Ave., 2 FL	MIAMI FL Coral Gables, FL 33134
DST	REININGER, STEVEN R.	5200 BLUE LAGOON DR #700 283 Catalonia Ave., 2 FL	MIAMI FL Coral Gables, FL 33134
VP	PEREZ, LUIS A	5200 BLUE LAGOON DR #700 283 Catalonia Ave., 2 FL	MIAMI FL Coral Gables, FL 33134
AVP	ESQUENAZI, SALOMON B	5200 BLUE LAGOON DRIVE SUITE 20 283 Catalonia Ave., 2 FL	MIAMI FL 33134 Coral Gables, FL 33134
500004721195--3			
-12/12/01--01078--007			
****150.00 ****150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RASCO, REININGER & PE P
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126

Name
Rasco, Reininger & Perez, P.A.
Street Address (P.O. Box Number is Not Acceptable)
283 Catalonia Avenue
Suite, Apt. #, Etc.
2nd Floor
City
Coral Gables
State
FL
Zip Code
33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:14



CR2E040 (8/01)

MIAMI CORPORATE SYSTEMS, INC.

283 Catalonia Avenue
2nd Floor
Coral Gables, Florida 33134
(305) 476-7100; Fax (305) 476-7102

Ramon E. Rasco

E-mail: miamicorp@rasco-reininger.com

November 27, 2001

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: MIAMI CORPORATE SYSTEMS, INC.

Dear Sir or Madam:

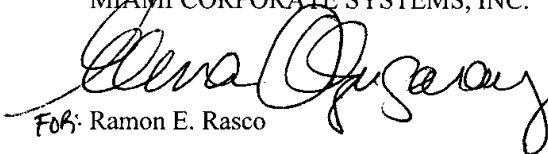
Enclosed please find the 2001 Application for Reinstatement for the above-referenced corporation. Also enclosed is our check in the amount of \$150.00, which represents your filing fee. Please be advised that we never received the 2001 Uniform Business Report in the beginning of the year.

Please reinstate the above referenced corporation as soon as possible.

Thank you for your attention to this matter.

Very truly yours,

MIAMI CORPORATE SYSTEMS, INC.


For: Ramon E. Rasco

RER/ea
Enclosure
104.1/227465.doc