


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |   |
|--|--|---|
| DOCUMENT # L57330                      |  |  |
| 1. Entity Name<br>MIRANDA & SONS, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>3000 S.W. 3 AVENUE, STE 308<br>MIAMI, FL 33129 US | Mailing Address<br>3000 S.W. 3 AVENUE, STE 308<br>MIAMI, FL 33129 US |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

FILED  
06 NOV 28 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

11/05) *de*

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>ANTONIO CESAR PIRES DE MIRANDA<br>3000 S.W. 3 AVENUE, STE 308<br>MIAMI, FL 33129 |  | 7. Name and Address of New Registered Agent<br>Name <i>ANA M. Guillen</i><br>Street Address (P.O. Box Number is Not Acceptable) <i>250 CATALONIA AVE #400</i><br>City <i>CORAL Gables</i> FL Zip Code <i>33134</i> |  |
|---|--|--|--|

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *ANA M Guillen* DATE *11/22/06*

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ANTONIO C. P. DE MIRANDA<br>3000 S.W. 3 AVENUE, STE 308<br>MIAMI, FL 33129 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><i>200082328842</i><br><i>12/06/06--01058--009 **150.00</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MARCO T. R. DE MIRANDA<br>3000 S.W. 3 AVENUE, STE 308<br>MIAMI, FL 33129 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

K. Eckel NOV 28 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antonio Cesar Pires de Miranda* DATE *11/22/06* DAYTIME PHONE # *305 444 2423*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR