

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L77247**

1. Corporation Name

MIEX, INC.

Principal Place of Business

% MICHAEL J. ZIMMERMAN, CPA
P O BOX 331756
MIAMI FL 33233

Mailing Address

% MICHAEL J. ZIMMERMAN, CPA
P O BOX 331756
MIAMI FL 33233

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
96 NOV -6 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 11-7-96

4. Date Incorporated or Qualified To Do Business in Florida

05/30/1990

5. FEI Number

65-0198884

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DENIS, MAURICE	10000 SW 61ST COURT	MIAMI FL

500002001015--8
-11/08/96--01106--025
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

ZIMMERMAN, MICHAEL J., CPA
13320 SW 128TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Michael J. Zimmerman
REGISTERED AGENT MUST SIGN

Date 10/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

Michael J. Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 20, 96 305-
858 0433