

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 MAY -6 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77247

1. Corporation Name

MIEX, INC.

Handwritten initials

2. Principal Office Address

PO BOX 331756

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33233

Country

USA

3. Mailing Office Address

PO BOX 331756

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33233

Country

USA

REINSTATEMENT 02-03

4100018304764

05/06/03--01096--018 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1990

5. FEI Number

65-0196984

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

ZIMMERMAN, MICHAEL J., CPA

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

13320 SW 128th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Date

REGISTERED AGENT MUST SIGN

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
DP	DENIS, MAURICE	2525 LINCOLN AVE	MIAMI, FL 33133

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 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

Maurice Denis

Date

Daytime Phone #

3058580433

Handwritten signature and date: April 29, 2003

CR2E08 (10/02)