

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 30 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 37875

1. Corporation Name  
MIRIAM VOCATIONAL SCHOOL, INC

Principal Place of Business Mailing Address  
135 SW 57<sup>1/2</sup> AVE. MIAMI, FLORIDA 33144

REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-2639830	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
President	ALFRED R. ODEIA PRESIDENT-DIRECTOR	13575 SW 48 <sup>1/2</sup> TERR	MIAMI, FLA. 33175
Vice Pres.	MIRIAM V. ODEIA VICE PRESIDENT-DIRECTOR	SAME	SAME
Treasurer	ALFRED A. ODEIA	SAME	SAME

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALFRED R. ODEIA SR 13575 SW 48 <sup>1/2</sup> TERRACE MIAMI, FLORIDA 33175		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Alfred R. Odeia Date: 10-30-1998  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Alfred R. Odeia - ALFRED R. ODEIA Date: 10-30-98 Daytime Phone #: 264-1402

CR2E040 (1/98)