

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 30 AM 9:54

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300129514983
01/04/11--01070--019 **612.50

DOCUMENT # N96000003709

1. Corporation Name

MIAMI LITERATURE DEPOT, INC.

2. Principal Office Address - No P.O. Box #

77 Crandon Blvd.

Suite, Apt. #, etc.

Apt. 23

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

77 Crandon Blvd

Suite, Apt. #, etc

Apt 23

City & State

Key Biscayne, FL

Zip

33149

Country

USA

REINSTATEMENT

01-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0384965

☐ 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

Maty Hallcroft

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

77 Crandon Blvd

Suite, Apt. #, Etc.

23

City

Key Biscayne

State

FL

Zip Code

33149

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

Maty Hallcroft

REGISTERED AGENT MUST SIGN

Date

12/23/10

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
D	Maty Hallcroft	77 Crandon Blvd, 23	Key Biscayne FL 33149
D	Alina Van Tassel	8123 SW 95 Ct.	Miami, FL 33173
D	Joyce Wolfson	11377 SW 109 Rd # Y	Miami, FL 33176

10. E-mail Address:

matyhallcroft@aol.com
(To be used for future annual report notification)

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. I further certify, 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:

Maty Hallcroft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/10

Date

305-799-8057
Daytime Phone #