

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Mira Staggars White, Attorney at
Law, P.A.

800 000024098

2. Principal Office Address

20020 Veterans

Suite, Apt. #, etc.

Suite 1

City & State

Port Charlotte FL

Zip

33954

Country

USA

3. Mailing Office Address

P.O. Box 381175

Suite, Apt. #, etc.

City & State

Murdoch, FL

Zip

33938

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2000

5. FEI Number

65-1084701

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

Mira White

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

4210 Library Street

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/29/02

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
Director President	Mira White	4210 Library Street	Port Charlotte FL 33948

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] Mira S. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/02 (941) 6273667

Daytime Phone #