

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 27 PM 1:40

DOCUMENT # P00000048235

1. Corporation Name
 MIRAMAR REALTY GROUP CORP
 4474 WESTON ROAD SUITE 173
 DAVIE, FL 33331

2. Principal Office Address
 12555 ORANGE DRIVE

Suite, Apt. #, etc.
 SUITE 255

City & State
 DAVIE, FL

Zip
 33330

Country

3. Mailing Office Address
 318 INDIAN TRACE

Suite, Apt. #, etc.
 #451

City & State
 WESTON, FL

Zip
 33326

Country

500004718095--0
 -12/11/01--01020--005
 ***476.25 ***158.75

4. Date Incorporated or Qualified
 To Do Business in Florida 5/16/2000

5. FEI Number
 65-1007477

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
 SPIEGEL & UTRERA, P.A.

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

Suite, Apt. #, Etc.

City
 CORAL GABLES

State
 FL

Zip Code
 33134

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 11/22/01

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
P	JAIME GAMBOA	318 INDIAN TRACE #451	WESTON, FL 33326

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)(b), F.S. The information included 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

Date

Daytime Phone #

11/22/01 954-3853621

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE: UNIFORM BUSINESS REPORT

Dear Sirs:

This letter is to request a waive for penalty fee. The company changed its mailing address and did not receive the application on time.

Thank you


Jaime Gamboa