

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000048235

1. Corporation Name

MIRAMAR REALTY GROUP CORP.

2. Principal Office Address - No P.O. Box #
18520 NW 67 AVENUE

3. Mailing Office Address
18520 NW 67 AVENUE

Suite, Apt. #, etc.
SUITE 224

Suite, Apt. #, etc.
SUITE 224

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33015

Country

Zip
33015

Country

7. Name and Address of Current Registered Agent

Name
JAIME GAMBOA

Street Address (P.O. Box Number is Not Acceptable)
18520 NW 67 AVENUE

Suite, Apt. #, Etc.
SUITE 224

City
MIAMI

State
FL

Zip Code
33015

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 08/26/2009

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,T,S	JAIME GAMBOA	18520 NW 67 AVE # 224	MIAMI, FL 33015

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 contained in Chapter 119, 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

08/26/09

Date

954.478.8555

Daytime Phone #

FILED

09 SEP 24 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300160139523
09/24/09--01032--003 **150.00

300160139523

09/31/09--01073--005 **300.00

CR2E081 (12/08)

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida 05/16/2000

5. FEI Number
651007477

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.