

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -7 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080911

1. Corporation Name

MIZLIZ, Inc.

2. Principal Office Address

104 Crandon Blvd.

Suite, Apt. #, etc.

# 309

City & State

Key Biscayne

Zip

33149

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/00

5. FEI Number

651053379

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

Timothy P. Stickney, ESQ

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

104 Crandon Blvd.

Suite, Apt. #, Etc.

# 309

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

*[Signature]*

Date 5/3/04

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	Elizabeth Pesch	271 Greenwood Dr.	Key Biscayne, FL 33149
VP	J. Gordon McDonald	210 Harbor Dr.	Key Biscayne FL 33149

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:

Elizabeth E. Pesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

3057961483

Daytime Phone #

REINSTATEMENT OL-04

CR2E081 (01/04)

*Elizabeth Pesch  
271 Greenwood Drive  
Key Biscayne, FL 33149  
305-796-1483*

May 3, 2004

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL

Re: MizLiz, Inc., Document # P00000080911

To Whom It May Concern:

I am the President of MizLiz, Inc. Last week, it came to my attention that this corporation had become inactive as of the year 2001. Since this corporation has not used the company, I was not aware that this had happened.

I never received a renewal. The mailing address for the corporation is my attorney's, and he has said that to the best of his knowledge, he did not receive it either. I would like to request that the reinstatement fee can be waived. I am enclosing a check in the amount of any and all fees that should have been paid since the year 2001.

Please consider my request. We are planning to dissolve this corporation during the next few months, and to have to spend such an astronomical amount of money for something that I never received is next to impossible for me to do at this time. Please accept my apologies that this matter had not been taken care of in 2001. My attorney has assured me that from now on, any and all correspondence regarding MizLiz, Inc. will be forwarded to me.

Sincerely yours,



Elizabeth E. Pesch  
President, MizLiz, Inc.

*Please call me if you have any questions.*

*305-796-1483*

*Thanks.*