

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 19 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000087485

1. Corporation Name

MIA MERMAIDS, INC.

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

642 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1730 NORTHEAST EXPWAY NE

Suite, Apt. #, etc.

STE. 200

City & State

DAYTONA BEACH, FL

City & State

ATLANTA, GA

Zip

32114

Country

USA

Zip

30329

Country

USA

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/2000

5. FEI Number

58-2406904

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

PATRICIA BURNSIDE

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

2455 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.

STE. 104

City

HOLLYWOOD

State

FL

Zip Code

33020

☐ 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.

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

Patricia Burnside

REGISTERED AGENT MUST SIGN

Date

10/18/07

**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
DP	JACK GALARDI	1730 NORTHEAST EXPWAY NE STE. 200	ATLANTA, GA 30329

700111015847  
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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

10/18/07

Date

404-607-8050

Daytime Phone #

10/23/07