

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 00000091079

1. Corporation Name

MIKE LIMO CORP

2. Principal Office Address

1422 HAYES ST

Suite, Apt. #, etc.

UNIT 7

City & State

Hollywood, FL

Zip

Country

33020 BROWARD

3. Mailing Office Address

1422 HAYES ST

Suite, Apt. #, etc.

UNIT 7

City & State

Hollywood FL

Zip

Country

33020

4. Date Incorporated or Qualified  
To Do Business in Florida

9/23/00

5. FEI Number

68-1054278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Viesel

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

1422 HAYES ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Michael Viesel

Date 12-18-01

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
Pres	AMY VIESEL	1985 S OCEAN DR	HALLANDALE FL 33009
Vice Pres	MICHAEL VIESEL	1422 HAYES ST	Hollywood FL 33020
SECRETARY	ROSALIA VIESEL	1985 S OCEAN DR	HALLANDALE FL 33009

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:

AMY VIESEL

PRESIDENT, 12-19-01

954-457-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)