

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 MAR -3 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-5 JM

900145048409  
03/05/09--01003--002 \*\*\$600.00

DOCUMENT # PD00000091147

1. Corporation Name  
MIRARI INTERNATIONAL INC

2. Principal Office Address - No P.O. Box #  
17150 NE 10 AVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.

City & State  
N. MIAMI BEACH

City & State

Zip 33162 Country DAVE

Zip Country

**REINSTATEMENT** 106-09

4. Date Incorporated or Qualified To Do Business in Florida 9/27/2000

5. FEI Number 65-045091  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 ALEXANDER WIENER

Street Address (P.O. Box Number is Not Acceptable)  
17150 NE 10 AVE

Suite, Apt. #, Etc.

City N. MIAMI BEACH

State FL Zip Code 33162

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 [Signature]

Date 3/2/09

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
PR	STEVEN WIENER	17150 NE 10 AVE	N. MIAMI BEACH, FL 33162

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/09 305-469-3802  
Date Daytime Phone #

**MIRARI INTERNATIONAL INC.**

**17150 NE 10<sup>TH</sup> AVENUE, N. MIAMI BEACH, FLORIDA 33162**

**TEL: (305) 469-3802 FAX: (305) 999-9856**

**MARCH 4, 2009**

**MS. LEAH GABLE:**

**AS PER OUR CONVERSATION, PLEASE PROCESS THIS REINSTATEMENT TODAY. I NEVER REALIZED THAT THIS WAS INACTIVE OR RECEIVED A NOTICE TO INDICATE AS SUCH. I HAVE AN IMPORTANT BUSINESS CONTRACT THAT IS AWAITING THE REACTIVATION OF THE CORPORATION.**

**YOUR PROMPT ATTENTION TO THIS IS GREATLY APPRECIATED.**

**SINCERELY YOURS,**



**STEVEN WIEDER**