

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111757

1. Corporation Name

Miami Glamour Inc.

2. Principal Office Address

18081 Biscayne Blvd

Suite, Apt. #, etc.

PH4

City & State

Aventura, FL

Zip

33160

Country

USA

3. Mailing Office Address

940 Lincoln Rd

Suite, Apt. #, etc.

210

City & State

Miami Beach

Zip

33139

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/00

5. FEI Number

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

Scott Abraham

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

18081 Biscayne Blvd.

Suite, Apt. #, Etc.

PH4

City

Aventura

State

FL

Zip Code

33160

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 8/4/04

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
D	Scott Abraham	18081 Biscayne Blvd PH4	Aventura, FL 33160

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:

[Signature]

Scott Abraham

8/04/04

305-458-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2052

To Whom It May Concern:

The following corporation's business address was changed a few months after incorporating. The previous business address was 100 Lincoln Rd. Suite 1146, Miami Beach, FL 33139 to the current stated on the form included. Please be advised that the reason for not filing is because we never received the forms. Included is a check for the amount of \$600.00 Dollars for the last 4 years (including 2004) of filing fees.

Thank you,
Scott Abraham
305.458.0050