

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:38

DOCUMENT # P01000010710

1. Corporation Name

Miraculous Pools & Spa's Inc.

2. Principal Office Address

1010 N.W. 5th Ave.

3. Mailing Office Address

1010 N.W. 5th Ave

Suite, Apt. #, etc.

Pompano Beach

Suite, Apt. #, etc.

Fla. 33060

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-29-2001

5. FEI Number

65-1083057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-06

7. Name and Address of Current Registered Agent

Name

Denise Grace

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

1010 N.W. 5th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach Fla

State

FL

Zip Code

33060

000082285610

12/05/06--01011--018 **300.10

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

Denise Grace

Date 10-23-06

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
0	<u>Denise Grace</u>	<u>1010 N.W. 5th Ave</u>	<u>Pompano Beach Fl.</u> <u>33060</u>

100081342271
10/30/06--01048--005 **308.75

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:

Denise Grace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-06

Date

Daytime Phone #

CR2E081 (01/04)

24/2

November 30, 2006

To: Division of Corporations for Reinstatement,

I did not received my 2003
Post Card notice. Due to having problems
with my Post service. Please waived my
penalties. I've already sent \$300.00.
Now I'm sending \$300.00 more please
reinstate my Corporation.

Denise Grace
Miraculous Look and Spas Inc.