

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019997

1. Corporation Name

MIRROB FINANCIAL CORP.

2. Principal Office Address

19900 W. COUNTRY CLUB DR.

Suite, Apt. #, etc.

402

City & State

AVENUE FL.

Zip

33180

Country

FL-USA

3. Mailing Office Address

19900 W. COUNTRY CLUB DR.

Suite, Apt. #, etc.

402

City & State

AVENUE FL.

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

651080203

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

ROBERT R. FRANK

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

19900 W. COUNTRY CLUB DR.

Suite, Apt. #, Etc.

402

City

AVENUE

State

FL

Zip Code

33180

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

Robert R. Frank

Date 9/25/04

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
PRES	ROBERT R. FRANK	19900 W. COUNTRY CLUB DR.	AVENUE, FL. 33180
SECT. TR.	MIRIAM F. FRANK	19900 W. COUNTRY CLUB DR.	AVENUE, FL. 33180
			300841949213 10/18/04--01038--003 **300.00
			10/18

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:

Robert R. Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT R. FRANK

9/25/04
Date

305-542-0896
Daytime Phone #

CR2081 (01/04)



MIRROB FINANCIAL CORP.

19900 W. Country Club Drive
Suite 402
Aventura, Florida 33180

E-MAIL ramfrank2001@aol.com

PHONE 305-893-1592
E-FAX 309-409-4797

September 25, 2004


Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, Fl 32314

Enclosed please find our Annual Report together with our check #606 in the sum of \$300.

We have not received the Filing Forms as our address has been changed. Upon contacting your office we were advised to submit the enclosures.

Kindly confirm.

Sincerely,


Robert R. Frank- President

PO 10221997