

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000039229

1. Corporation Name

MIA'S RESTAURANT ASSOCIATES, INC.

2. Principal Office Address

1633 Snow Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

3. Mailing Office Address

2047 Trade Center Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/2001

5. FEI Number

59-3717953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Michael A. Licht

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

791 Tenth Street So.

Suite, Apt. #, Etc.

City

Naples,

State
FL

Zip Code
34102

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

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
P	James L. Hall	P.O. Box 11868	Naples, FL 34101
O	Todd C. Johnson	2389 Pinewoods Cr.	Naples, FL 34105
O	Jeffrey S. Gately	9590 Cedar Creek Dr.	Bonita Springs, FL 34145

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2001

Date

239-254-1234

Daytime Phone #

CR2E081 (9/01)

GUALARIO & LICHT, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

ANTHONY J. GUALARIO, CPA
MICHAEL A. LICHT, CPA
PATRICIA A. ANDREWS, CPA

MEMBERS:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Mia's Restaurant Associates, Inc.
Doc# P01000039229
EIN# 59-3717953

Dear Sirs,

We are writing on behalf of the above-mentioned corporation. Please be advised that our client has not received any previous notices regarding their annual Uniform Business Report. Our client originally started the corporation with the address stated on the UBR and has moved twice since then. We have entered a new address for mailing purposes on the reinstatement application.

We respectfully ask that the penalty be waived and have included a check in the amount of \$150.00 to the Department of State.

If you have any further questions, please contact the above corporation.

Sincerely,

Leslie A. Olah