

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000042798
1. Entity Name
MIRAGE SURFACES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1733 W. POWERLINE ROAD
Suite, Apt. #, etc.

3. Mailing Address
1733 W. POWERLINE ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FLORIDA

City & State
POMPANO BEACH, FLORIDA

Zip
33069

Country
USA

Zip
33069

Country
USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

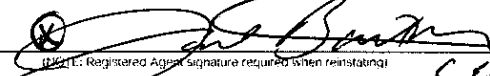
7. Name and Address of Current Registered Agent

Name **JOEL BARTLETT**

Street Address (P.O. Box Number is Not Acceptable)
1733 W. POWERLINE ROAD

City **POMPANO BEACH** FL Zip Code **33069**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JOEL BARTLETT**  **10-18-02**
Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

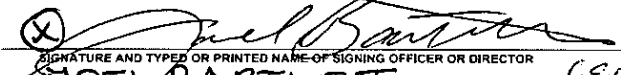
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROBERT REEVES 1733 W. POWERLINE ROAD POMPANO BEACH, FLORIDA 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JOEL BARTLETT 1733 W. POWERLINE ROAD POMPANO BEACH, FLORIDA 33069
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **10-18-02 954.970.9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
JOEL BARTLETT CEO

CR2E034B (12/01)

11/5/02

**MIRAGE SURFACES, INC.
1733 W. POWERLINE ROAD
POMPANO BEACH, FLORIDA 33069
(954) 970-9777**

October 18, 2002

VIA U. S. REGULAR MAIL

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

Re: Mirage Surfaces, Inc., Reinstatement

Dear Corporate Specialist:

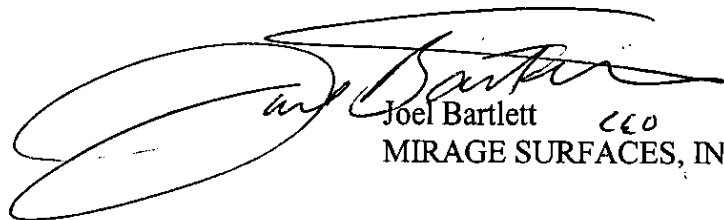
This letter shall serve to inform you that the above referenced corporation was dissolved due to the fact we never received our Uniform Business Report in the mail, and therefore never filed same.

I enclose the following to have the corporation reinstated.

1. Uniform Business Report
2. Filing Fee in the amount of US\$150.00, payable to "Department of State".

Thank you for your assistance in this matter. If you should have any questions or comments concerning the foregoing, please do not hesitate to contact the undersigned regarding same.

Very truly yours,


Joel Bartlett CEO
MIRAGE SURFACES, INC.

acw/JB

Enclosure(s): as stated