

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 04, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P01000055885

1. Corporation Name

MS MIAMI INTERNATIONAL SOFTWARE

~~007-19490~~

2. Principal Office Address - No P.O. Box #

1440 John F Kennedy Cswy,

3. Mailing Office Address

John F Kennedy Cswy

Suite, Apt. #, etc.

STE 304-A

Suite, Apt. #, etc.

STE 304-A

City & State

NORTH BAY VILLAGE, FL

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2001

5. FEI Number

65-1114219

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

JOHN V SUTTER

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

5600 COLLINS AVE

Suite, Apt. #, Etc.

7Y

City

MIAMI BEACH

State

FL

Zip Code

33140

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

03/21/07

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
P	JOHN V SUTTER	5600 COLLINS AVE, 7Y	MIAMI BEACH, FL 33140
			400097219824 04/17/07--01038--017 **450.00

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 contained in Chapter 119, 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

03/21/07

Date

305-861-3881 ext.100

Daytime Phone #

Y/Yao