

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 13 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062081

1. Corporation Name

MISS UNIVERSITY, INC.

2. Principal Office Address

9212 SW 73 Ave.

Suite, Apt. #, etc.

City & State

Pinecrest, FL

Zip

33156

Country

Miami-Dade

3. Mailing Office Address

9212 SW 73 Ave.

Suite, Apt. #, etc.

City & State

Pinecrest, FL

Zip

33156

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/01

5. FEI Number

01-0654205

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

Jeffrey Drew Cummins

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

9555 North Kendall Drive

Suite, Apt. #, Etc.

Suite 202

City

Miami

State  
FL

Zip Code  
33176

600012391716

02/12/03--01066--005 \*\*90.00

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

*Jeffrey Drew Cummins*  
REGISTERED AGENT MUST SIGN

Date

2/6/03

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
PTD	Manny Varas	9212 SW 73 Ave	Miami FL 33156
VSD	Carlos Arias	9212 SW 73 Ave	Miami FL 33156

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:

*Carlos Arias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Carlos Arias

Date

1/27/03

Daytime Phone #

(786) 586 9750

CR2E081 (10/02)

2/21/03