

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 28 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P010000063636

1. Corporation Name

MILAGROS, INC.

2. Principal Office Address

505 CENTRAL AVENUE

3. Mailing Office Address

505 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/01

5. FEI Number

59-3401458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

TERESA ROSS

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

505 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

Teresa Ross

REGISTERED AGENT MUST SIGN

Date

10/23/02

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/D | TERESA ROSS | 505 CENTRAL AVENUE | ST. PETERSBURG, FL 33701 |
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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:

Teresa Ross

TERESA ROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 821-7555

Daytime Phone #

CR2E081 (9/01)

MUTCHNICK & LUKENS, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Mark R. Mutchnick, CPA
Daniel L. Lukens, CPA

October 21, 2002

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

Re: Milagros, Inc. Document # P01000063636

Dear Sir or Madam:

Enclosed is a reinstatement application for the above referenced corporation. Please note that the corporation has no record of receiving a Uniform Business Report and, as a result, did not know the annual filing for 2002 was delinquent. In fact, the corporation was not aware that it was inactive until it was recently notified by it's bank.

Based upon the above information, we respectfully request that the reinstatement fee be waived. A check for the original filing fee of \$150.00 has been enclosed.

Thank you for your cooperation in this matter.

Sincerely,



Mark R. Mutchnick
MRM/tag

Enclosures