

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILED

07 DEC 20 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-25-07

CR2E081 (1/07)

REINSTATEMENT 0307

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 ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

600113305726
12/20/07--01035--012 **750.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000063636

1. Corporation Name

MILAGROS, INC.

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

1603 W. SNOW CIRCLE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

TERESA ROSS

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

1603 W. SNOW CIRCLE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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 12/18/07

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
PD	TERESA ROSS	1603 W. SNOW CIRCLE	TAMPA, FL 33606

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

Teresa Ross

TERESA ROSS

Date

12/18/07

Daytime Phone #

813-251-1255