

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070885

1. Corporation Name

LA MIRAGE IMPORT/EXPORT, INC.

2. Principal Office Address
17555 COLLINS AVENUE

Suite, Apt. #, etc.
APT. 1108

City & State
SUNNY ISLES BEACH, FL

Zip Country
33160

3. Mailing Office Address
17555 COLLINS AVENUE

Suite, Apt. #, etc.
APT. 1108

City & State
SUNNY ISLES BEACH, FL

Zip Country
33160

REINSTATEMENT

03-04
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/19/2002

5. FEI Number
65-1123853

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
SEMYON NOSIKOVSKY

Street Address (P.O. Box Number is Not Acceptable)
17555 COLLINS AVENUE

Suite, Apt. #, Etc.
APT. 1108

City
SUNNY ISLES BEACH, FL

State Zip Code
FL 33160

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

Semyon Nosikovsky

Date 03/03/2004

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	SEMYON NOSIKOVSKY	17555 COLLINS AVENUE #1108	SUNNY ISLES BCH FL 33160
V	DAVID RUDMAN	3111 OCEAN PARKWAY #7C	BROOKLYN NY 11235
S	FARIT KURAMSHIN	3111 OCEAN PARKWAY #7C	BROOKLYN NY 11235

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)(f), 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: *Semyon Nosikovsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2004

Date

305-895-5815

Daytime Phone #

CR2E081 (01/04)