

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:37

DOCUMENT # P01000081389

1. Corporation Name

Myraan Enterprises, Inc.

2. Principal Office Address

500 East Oakland Park Blvd

Suite, Apt. #, etc.

City & State

Wilton Manors, Florida

Zip

33305

Country

USA

3. Mailing Office Address

P.O. Box 2534

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/01

5. FEI Number

☒ 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

James O. Cole

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

10 Nurmi Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale

State  
FL

Zip Code  
33301

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/08/04

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
DP	Jackie Mays	3449 NW 44th Street, #8204	Wilton Manors, Florida 33305
DST	James O. Cole	10 Nurmi Drive	Fort Lauderdale, Florida 33301

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Cole, Sec/Treas

1/08/04

Date

(954)527-6229

Daytime Phone #

CR2E081 (10/02)