

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081389

1. Corporation Name

Myraan Enterprises, Inc.

2. Principal Office Address

500 East Oakland Park Blvd.

3. Mailing Office Address

3449 N.W. 44th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8204

City & State

Wilton Manors, Florida

City & State

Wilton Manors, Florida

Zip

33305

Country

USA

Zip

33305

Country

USA

**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

800009735888
12/30/02--01020--022 **150.00

7. Name and Address of Current Registered Agent

Name

James O. Cole, Esq. - Ruden, McClosky et al.

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

200 E. Broward Blvd.

Suite, Apt. #, Etc.

Suite 1500

City

Fort Lauderdale, Florida

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]

Date 12/11/02

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
DP	Jackie Mays	3449 N.W. 44th Street, #8204	Wilton Manors, Florida 33305
DVPST	James O. Cole	200 E. Broward Blvd., #1500	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Cole, Vice President 12/11/02 954-527-6229

Date

Daytime Phone #

CR2E081 (9/01)

MYRAAN ENTERPRISES, INC.
500 East Oakland Park Blvd.
Wilton Manors, Florida 33305

App 2012

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Myraan Enterprises, Inc. (the "Corporation")
Document No.: P01000081389

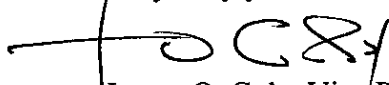
Dear Sir or Madam:

Please accept and file the enclosed executed Corporation Reinstatement form for the above-referenced Corporation. Also, enclosed is my check for \$150.00, payable to the Department of State for the 2002 Uniform Business Report filing fee. A 2002 Uniform Business Report was not received at the Corporation's principal or mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (954) 527-6229.

Thank you in advance for your assistance.

Very truly yours,


James O. Cole, Vice President