

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

06 JUN 26 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001186

1. Corporation Name

MILE MARKER FILMS, INC.

Principal Place of Business

Mailing Address

7765 SW 57 TERRACE  
MIAMI FL 33143

7765 SW 57 TERRACE  
MIAMI FL 33143

REINSTATEMENT 03-06

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0575493

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P/S	GARDENAS, MARTA E DE CARDENAS, MARTA E	7765 SW 57 TERR	MIAMI FL 33143
D/V	TORRES, SASHA E	101 E SUNRISE AVE 2354 SW 21 STREET	CORAL GABLES FL 33133 MIAMI, FL 33145
	<del>DEBORA E. DEBORA</del>	<del>8000 MONTEREY STREET</del>	<del>0076724167</del>
D/H	SOTOMAYOR, IVANIA	906 MONTEREY STREET	06/23/06--01052--008 **1200.00 CORAL GABLES, FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRABAL, MIGUEL, ESQ.  
433 SAN SOVINO AVE  
CORAL GABLES FL 33146

Name

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

2828 CORAL WAY

Suite, Apt. #, Etc.

Suite 450

City

CORAL GABLES

State

FL

Zip Code

33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/22/06

11. 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:

Marta E. De Cardenas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTA E. DE CARDENAS 6/22/06

Date

786-297-2773

CR2E040 (7/03)

6/28/06