

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000006983**

1. Corporation Name

MICHAEL'S MIRRORED WALLS, INC.

REINSTATEMENT 03



000023891 120
10/17/03--01033--001 **150.00

Principal Place of Business

Mailing Address

3625 - 2ND PLACE
VERO BEACH FL 32968

3625 - 2ND PLACE
VERO BEACH FL 32968

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01/22/2002

City & State

City & State

5. FEI Number

Applied For

2032 SE Old Dixie
Bag #2
Vero Beach, FL

2032 SE Old Dixie
Bag #2
Vero Beach, FL

42-6624992 -

Not Applicable

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/MC	Michael A. Parrish	3625-2nd PL	Vero Beach, FL 32968
T/S/V	Jacqueline M. Parrish	3625-2nd PL	Vero Beach, FL 32968

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARRISH, JACQUELINE M
3625 - 2ND PLACE
VERO BEACH FL 32968

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jacqueline M. Parrish
REGISTERED AGENT MUST SIGN

Date

10/12/03

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:

Michael Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-03

CR2E040 (7/03)

October 12, 2003

This letter is written notification
that this corporation did not
receive the prior UBR notices.

all business correspondence
should be mailed to:

Michael's Mirrored Walls, Inc.
2032 S.E. Old Line Bay #2
Vero Beach, FL 32962

Thank you.

Jacqueline M. Parist,
V.P. / Registered Agent.