

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -2 PH 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02-000029740

**1. Corporation Name**

DONNA F. MIANO, P.A.  
110 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**2. Principal Office Address**

110 N OCEAN BLVD

Suite, Apt. #, etc.

City & State

POMPANO BCH, FL

Zip

33062

Country

US

**3. Mailing Office Address**

7777 GLADES RD

Suite, Apt. #, etc.

XXX  
SUITE 209

City & State

BOCA RATON, FL

Zip

33434

Country

US

**REINSTATEMENT** D7

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

20-0533760

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

ROBERT F MAHONEY, P.A.

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

7777 GLADES ROAD

Suite, Apt. #, Etc.

SUITE 209

City

BOCA RATON

State

FL

Zip Code

33434

800026213188  
01/06/04--01086--002 \*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date 12/31/03

**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 D	MIANO, DONNA F.	110 N. Ocean Blvd.	Pompano Bch, FL 33062

**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

DONNA F. MIANO

12/31/03

Date

561-392-3819

Daytime Phone #

CR2E081 (10/02)

Donna F. Miano P. A.  
7777 Glades Road, Suite 209  
Boca Raton, FL 33434

December 30, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

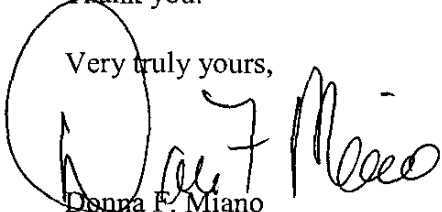
RE: Donna F. Miano, P.A.  
P02-29740

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,

  
Donna F. Miano  
President