

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 24 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036881

1. Corporation Name

MYKA, INC.

Principal Place of Business

Mailing Address

15842 SW 150 TERRACE  
MIAMI FL 33196

15842 SW 150 TERRACE  
MIAMI FL 33196

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

P.O. Box 770326

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2002

City & State

City & State

Miami, FL

5. FEI Number

02-0586367

Applied For

Not Applicable

Zip

Country

Zip

Country

33177-0006

U.S.A.

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
DP	OROZCO, MIGUEL A	15842 SW 150 TERRACE	MIAMI FL 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OROZCO, MIGUEL A  
15842 SW 150 TERRACE  
MIAMI FL 33196

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

REGISTERED AGENT MUST SIGN

Date

10/19/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/03 305-234-3017

CP2E040 (7/03)

**MYKA, Inc.**

P.O. Box 770326  
Miami, FL 33177-0006  
305-234-3017

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October 20, 2003

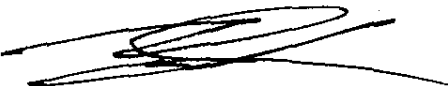
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Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs/Madam,

I would like to ask for the reinstatement of MYKA, Inc. to an active status. The request is made due to the fact that we did not receive the two previous UBR notices. Enclosed is the required application and the reinstatement fee.

Thank you,



Miguel A. Orozco  
President