APPROVED
AND
FILED

07 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1092

DOCUMENT # P02000061788

1. Corporation Name

MIBOIS, INC.

REINSTATEMENT 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
121 Alhambra Plaza		121 Alhambra Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 1100		Ste 1100	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/2002

5. FEI Number: 65-0094074 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: MIGUEL B. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 121 Alhambra Plaza

Suite, Apt. #, etc.: Ste 1100

City	State	Zip Code
Coral Gables	FL	33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Signature of Registered Agent: X _____ Date: 4/19/07

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
PSD	Miguel B. Fernandez	121 Alhambra Plaza, Ste 1100	Coral Gables, FL 33134

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 contained in Chapter 119, 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: X _____ 4/19/07 305-476-5187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MIBOIS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75