

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000069400

1. Corporation Name

Miami Borders, Inc.

2. Principal Office Address

10830 sw 41 terrace

3. Mailing Office Address

10830 sw 41 terrace

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

REINSTATEMENT 03-04

400030947094

03/23/04--01106--005 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida June 24, 2002

5. FEI Number

73-1647743

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

Joaquin O. Objio

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

10830 S.W. 41 Terrace

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33165

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

Joaquin O. Objio

REGISTERED AGENT MUST SIGN

Date March 16, 2004

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	Joaquin O. Objio Director	10830 S.W. 41 Terrace	Miami, FL 33165

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:

Joaquin O. Objio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2004 (305) 796-8147

Date

Daytime Phone #

CR2E081 (01/04)

MIAMI BORDERS, INC.

March 16, 2004

Dear Sir or Madam:

I am writing this letter to request an adjustment on my reinstatement. This is the first time I open a corporation and did not know I had to renew it annually. I was told a letter or a form was sent out but I never received it, which could be due to my address. I often get my mail mixed up with two other neighbors because of the street number. I live on 41 Terrace but I often get mail for the house on 41 St because my address has "st" after the 41 because it is forty-"first". I was made aware that I had to reinstate by an accountant but I called and was told it was over \$700. The operator that helped me told me to submit this letter explaining my situation and send \$300 dollars most likely it will be accepted and reinstated. Please call me if you have any questions and Thank you in advance for your help.

Sincerely,



Joaquin O. Objio
Director/Owner