

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 23 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 73871

**1. Corporation Name**

mijoy management inc

**REINSTATEMENT** 03-84  
**500030934525**  
03/23/04--01068--022 \*\*300.00

**2. Principal Office Address**

8700 NW 46th Ct

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 450971

Suite, Apt. #, etc.

City & State

Lauderhill FL

City & State

Sunrise FL

Zip

33351

Country

USA

Zip

33345

Country

USA

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

7/5/2002

**5. FEI Number**

04-3691860

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

Michael White

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

8700 NW 46th Ct

Suite, Apt. #, Etc.

City

Lauderhill FL

State  
**FL**

Zip Code

33351

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/17/04

**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
PD	Michael White	8700 NW 46th Ct	Lauderhill FL 33351
STD	Joyce White	8700 NW 46th Ct	Lauderhill FL 33351

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

954-135-1332  
President

Daytime Phone #

CRCE081 (07/04)



801 South Federal Highway  
Hollywood, FL 33020

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(954) 926-6770 Fax

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✕

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Enrolled Agents are federally authorized  
tax practitioners admitted to practice  
before the Internal Revenue Service.

fs 2072

March 17, 2004

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Mijoy Management, Inc.  
P02000073871

Dear Sir or Madam:

Please find enclosed an application for Reinstatement and a check for \$300.00 from Mijoy Management, Inc.

Mijoy Management, Inc. moved during 2003 and at that time never received the notice to renew their corporation with the Department of State. They only recently realized that their corporation had been administratively dissolved for non-payment during 2003.

We request that Mijoy Management, Inc. be fully reinstated and that all penalty fees be abated. Please accept their payment of \$300.00 as payment in full to reinstate their corporation.

Thank you very much for your prompt consideration in this matter.

Sincerely,

R. Kevin Cross, MST, EA  
Master of Science in Taxation  
Enrolled Agent  
Specializing in Tax Controversies

RKC/dah

CC: Mijoy Management, Inc.