

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

DOCUMENT # P02000090959

1. Corporation Name

Midavi Services, Inc.

800030394868
03/12/04--01065--012 **300.00

REINSTATEMENT 63-04

2. Principal Office Address
4328 NW 54th Street

3. Mailing Office Address
8211 West Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

City & State
Plantation, Florida

Zip
33319

Country

Zip
33324

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/21/2002

5. FEI Number
51-0430707

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
David Torchin C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable)
8211 West Broward Blvd

Suite, Apt. #, Etc.
Suite 200

City
Plantation

State **Zip Code**
FL 33324

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**

David Torchin

Date 2/24/04

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
Pres	Miguel Angel Ruiz	4328 NW 54th Street	Ft Lauderdale/Florida/33319

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

Date

Daytime Phone #

02/24/04 954 714 3956

CR2E081 (01/04)