

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 29 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000097839**

1. Corporation Name

**MIAMI'S FOR ME GIFTS, CORP.**

Principal Place of Business

**401 BISCAYNE BLVD P-108  
MIAMI FL 33132**

Mailing Address

**401 BISCAYNE BLVD P-108  
MIAMI FL 33132**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/10/2002**

5. FEI Number

**11-3652821**

Applied For

Not Applicable

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
PSTD	RODRIGUEZ, CIRILO	401 BISCAYNE BLVD P-108	MIAMI FL 33132

600024393336  
11/04/03--01008--005 \*\*150.00

8. Name and Address of Current Registered Agent

**RODRIGUEZ, CIRILO  
401 BISCAYNE BLVD P-108  
MIAMI FL 33132**

9. Name and Address of New Registered Agent

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

**SIGNATURE**

Date

REGISTERED AGENT MUST SIGN

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.

**CIRILO RODRIGUEZ**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED040 (7/03)

MIAMI'S FOR ME GIFTS, CORP.  
401 BISCAYNE BLVD. P-108  
MIAMI, FLORIDA 33132

October 20, 2003

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

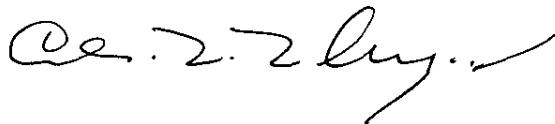
Re: Annual Report 2003  
11-3652821  
MIAMI'S FOR ME GIFTS, CORP.  
Dear Sir or Madam:

Please be advised that I did not receive the annual report until today's notice.

Attached you will find my check in the amount of \$150.00 to put my account current.

Thank you in advance in regards to this matter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Cirilo Rodriguez", followed by a horizontal flourish.

CIRILO RODRIGUEZ, PRES.