PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLICATION **FOR** STATEMENT



* FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000104240 DOCUMENT #

1. Corporation Name

MIRANDA ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

04 MAR 16 AM 9:22

SECRETARY OF STATE TALLA" MASSEE, FLORIDA



P.O. BOX 4581 P.O. BOX 4581 HALLANDALE FL 33008-4581 HALLANDALE			11 FL 33008-4581						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						4. Date Incorporated or Qualified			
· · ·						To Do Business in Florida 09/24/2002			
Suite, Apt. #, etc. Suite, Apt. #, + Constitution Street City & State City & State			Tamaring Drive.			5. FEI Number Applied For		Applied For	
Hollywood Elorida Hollar			idale Beach, Florida			-6.			
2ip 33020 Country U.S.A. Zip 3300			9 Country A.			CERTIFICATE	CERTIFICATE OF STATUS DESIRED So./3 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)									
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P/T	PENATE, JUDITH	460 TAMARIND DRIVE				HALLANDALE BEACH FL 33009			
P/T	PENATE, MARCOS R			460 TAMARIND DRIVE			HALLANDALE BEACH FL 33009		
					4444				
				700029320547 02/24/0401056002 **158.75					
						7 C 03/18,	00293205 0401055009	47 **150.00	
	8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
Name									
PENATE, JUDITH					Street Address (F	s (P.O. Box Number is Not Acceptable)			
460 TAMARIND DRIVE									
HALLANDALE BEACH FL-33009				، ت	Suite,∗Apt. #, Etc				
					City State Zip Code			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 Penate REGISTERED AGENT MUST SIGN Date 2-18-04									
this rein	that I am an officer or director or the receinstatement application, the reason for dissey the corporation have been paid and the	ver or trustee en	npowered to eliminated, 1	execute t	rate name satisfies	the requirements	of section 607.0401 or 617.04	101, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daytime Phone #



Miranda Accounting Sources, Inc. &

1917 Harrison Street Hollywood, Florida 33020

February 19, 2004

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Please find enclosed the Application for Reinstatement of my corporation, Miranda Accounting Services, Inc. along with a check for \$150.00. I am requesting that the reinstatement fee be waived since I did not receive the two prior uniform business report (UBR) notices and this is the first year that I have had to submit this report.

Thank you in advance for your cooperation.

Sincerely,

Judith Penate

President/Registered Agent

Oudith Penate

March 11, 2004

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Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Dear Ruby Dunlap:

In response to your letter regarding the reinstatement of Miranda Accounting Services, Inc., I am enclosing a check for \$150.00. I did not receive the Uniform Business Report (USR) notices for the year 2003 and 2004. Therefore, please consider this payment for the 2004 UBR.

Sincerely,

Judith Penate President

Ref # P02000104240

Judith Penate