

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008244

1. Entity Name
MIRANDAN CORP.



Principal Place of Business
13418 WEST OAK KNOLL
CLERMONT, FL 34711

Mailing Address
13418 WEST OAK KNOLL
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004

REIN-P

CR2E098 (6/04)

4. FEI Number

55-0816813

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, LOUIS-E
13418 WEST OAK KNOLL
CLERMONT, FL 34711

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Louis E Miranda

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE: D - PRESIDENT
NAME: MIRANDA, LOUIS
STREET ADDRESS: 13418 WEST OAK KNOLL Rd
CITY-ST-ZIP: CLERMONT, FL 34711-9193 ~~President~~

☐ Delete

TITLE: VICE PRESIDENT
NAME: MIRANDA, MARTHA S
STREET ADDRESS: 13418 WEST OAK KNOLL Rd
CITY-ST-ZIP: CLERMONT FLA 34711-9193

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CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis E Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 OCT 2004

Date

352 242 1229 / FAX

Daytime Phone #

FILED

04 NOV -9 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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