

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1082


APPROVED AND FILED

05 MAR 14 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011066

1. Entity Name  
MIRIAM & PARTNERS, INC.



Principal Place of Business  
4575 N. PINE ISLAND RD.  
SUNRISE, FL 33351

Mailing Address  
4575 N. PINE ISLAND RD.  
SUNRISE, FL 33351

2. Principal Place of Business  
898 NW 111 AVE

3. Mailing Address  
898 NW 111 AVE

Suite, Apt. #, etc.

City & State  
PLANTATION, FL

Zip  
33324

Country  
USA



03092005 REIN-P

CR2E098 (6/04)

MRS

6. Name and Address of Current Registered Agent

KAHALA, MAJDI  
4575 N. PINE ISLAND RD.  
SUNRISE, FL 33351

4. FEI Number  
81-0594386

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name MAJDI, KAHALA  
Street Address (P.O. Box Number is Not Acceptable)  
898 NW 111 AVE  
City PLANTATION FL Zip Code 33324

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 Majdi Kahala DATE 3-7-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAHALA, MAJDI 4575 N. PINE ISLAND RD. SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	898 NW 111 AVE PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049336574 03/23/05--01009--005 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Majdi Kahala DATE 3-7-05 954578-9955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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M A S  
PO BOX 771210  
Coral Springs, Fl. 33077-1210  
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

03/07/05

Florida Department of State  
PO BOX 6327  
Tallahassee, Fl. 32314

*2064AR*

Re: Miriam & Partners, Inc.  
Doc # P03000011066

To Whom It May Concern:

We are enclosing a request for the reinstatement of our client, Miriam & Partners, Inc. and have included the corporate annual fee, but have not included the penalty due to our client not having received the corporate annual renewal documents because of a change of address.

The client was notified the corporation had been administratively dissolved. They requested our assistance in the procedures to reinstate the corporation.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez