

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 04 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000021957**

1. Corporation Name

Mikus Capital Management, Inc.

2. Principal Office Address

220 Ocean Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

POBox 3428

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/2003

5. FEI Number

56-2323769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

William John Mikus

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

220 Ocean Terrace

Suite, Apt. #, Etc.

100060244901

10/05/05-01010-019 \*\*988.75

City

Palm Beach

State

FL

Zip Code

33480

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

Date

10.3.05

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	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480
TREA	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480
SEC	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480
DIR	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480

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 #

10.03.05 881.514.0975