

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000036450

1. Corporation Name

MI Solutions, Corp

2. Principal Office Address

14840 SW 42ct

Suite, Apt. #, etc.

3. Mailing Office Address

14840 SW 42 ct

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/2003

5. FEI Number

04-3751800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04

7. Name and Address of Current Registered Agent

Name

Carlos Reyes

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

14840 SW 42ct

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date 10-25-04

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
P	Maria I Reyes	14840 SW 42ct	Miramar / FL / 33027
VPS	Carlos Reyes	14840 SW 42ct	Miramar / FL / 33027

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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:

CARLOS REYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-04

Date

786-325-9012

Daytime Phone #

CR2E081 (01/04)

Date: 10/25/2004

To: Florida Department of State, Division of Corporations:

I am writing to inform you that I just received a "Notice of Dissolution or Revocation" from the Florida Department of State, Division of Corporations. This is the first such notice I receive and I went to your website "-----" and called in the 850-245-6050 number. I was informed that the reason for this was that notices were sent to me before and that companies are expected to fill an annual report before May 1.

I was not aware at all of this and I never received any notices stating this. If I would have known, I would have gladly complied. I am writing this letter as suggested by the Division of Corporations assistant in the line to inform you of this. I am attaching the Corporation Reinstatement form along with the \$150.00 fee. I would greatly appreciate if the additional reinstatement fees were waived since I never got a notice and was never aware of this. This is the first reinstatement form for the company and moving forward we will ensure this does not happen again. Thank you very much for your attention and understanding.

Sincerely:



Carlos Reyes