

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094108

1. Corporation Name

Miranda Max Inc.

601-1222

REINSTATEMENT *gh*
1/2

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

6537 Longwood Trace Ln. S. 6537 Longwood Trace Ln. S. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland Florida Lakeland Florida

Zip

Country

Zip

Country

33811 USA 33811 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2003

5. FEI Number

200197605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rodolfo Miranda

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

6537 Longwood Trace Lane South

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-05-2010

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
D	Rodolfo Miranda	6537 Longwood Trace Ln S	Lakeland FL 33811

200166676057
01/20/10--01004--009 **450.00

10. E-mail Address: Rudy Maxxx@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2010 863-602-8866

Date

Daytime Phone #