

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 12:45

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104576

1. Corporation Name

M. I. Industries USA Inc.

2. Principal Office Address

4158 SW 195 Ter

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip

33029

Country

USA

Zip

Country

REINSTATEMENT 04-05
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Eromonsele Imoisili

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

4158 SW 195 Terrace

Suite, Apt. #, Etc.

City

Miramar

700063983777
01/18/06-01079-016 **450.00
State Zip Code
FL 33029

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 01-10-06

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
Pr	Eromonsele Imoisili	4158 SW 195 Terrace	Miramar, FL 33029

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 contained in Chapter 119, 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

01-10-06

Date

954-536-7501

Daytime Phone #

1/12/06

202

ATTN: Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: P03000104576
M. I. Industries USA, Inc

Dear Sir / Madam;

As per my conversation with a Division of Corporations Representative, I have not been receiving an Annual Report Notice for the above captioned company because my address changed. As a result I did not file an annual report for the past two years. I am hereby enclosing a corporation reinstatement form and the \$450.00 I was asked to send with the form by Division of Corporations and requesting that the late fees be waived.

Thank you

Eromonsele Imoisili
Eromonsele M Imoisili
President