

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 AM 9:50

DOCUMENT # P03000108025

1. Corporation Name

Miro Peninsula Investments, Inc.

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

3201 NE 183rd Street

Suite, Apt. #, etc.

Unit 1504

City & State

Aventura, FL

Zip

33160

Country

US

3. Mailing Office Address

3201 NE 183rd Street

Suite, Apt. #, etc.

Unit 1504

City & State

Aventura, FL

Zip

33160

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2003

5. FEI Number
900154793

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

Alberto J. Parlade

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

7050 SW 86 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/10/09

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 |
|--------|--------------------------------------|---|--------------------|
| PSTD | Francisco J. Romero | 3201 NE 183rd Street, Unit 1504 | Aventura/FL/33160 |
| V | Francisco J. Romero, Jr. | 3201 NE 183rd Street, Unit 1504 | Aventura/FL/33160 |
| V | Jose F. Romero | 3201 NE 183rd Street, Unit 1504 | Aventura/FL/33160 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: AJP@Partadelaw.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, 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:

Francisco J. Romero

11/10/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #