

182

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 26 PM 2:03

REINSTATEMENT

04-05

07/27/04 90036 008 \$150.00



09132005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0408910 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRICH, KEVIN
8504 TOMOKA RUN
LAKELAND, FL 33810

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kevin Mirich DATE 9-20-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MIRICH, KEVIN	
STREET ADDRESS	8504 TOMOKA RUN	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700060047857
CITY-ST-ZIP	09/28/05--01051--012 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Mirich DATE 9-1-05 8036480123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ALA Paralegal, Inc.

Tax Consulting, Accounting & Tax Problems Resolution

206 Lake Harris Drive
Lakeland, FL 33813
863-648-0123 Fax-863-647-5905
E-Mail: Cooktax@aol.com

June 22, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Attn: Reinstatement
Tallahassee, FL 32304

RE: Mirich Builders, Inc. Doc #P03000127680

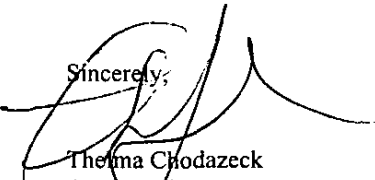
Dear Sirs/Madams:

We are attaching a computer generated UBR for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR.

Due to not receiving the notice taxpayer is requesting that you abate the penalty. We are enclosing our check in the amount of \$150.00 for the regular filing fee.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact my office.

Sincerely,


Thelma Chodazek
Accounts Manager