

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000021419

1. Corporation Name

MIAMI INTERNATIONAL COPIERS, INC.

2. Principal Office Address

10810 N.W. 29 STREET

Suite, Apt. #, etc.

City & State

DORAL, FL.

Zip
33172

Country

USA

3. Mailing Office Address

10810 N.W. 29 STREET

Suite, Apt. #, etc.

City & State

DORAL, FL.

Zip
33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/04

5. FEI Number

20-0707169

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

FERNANDO LAVIOSA

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

10810 N.W. 29 STREET

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33172

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

01/13/06

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	FERNANDO LAVIOSA	10810 N.W. 29 STREET	DORAL, FL. 33172

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

Date

Daytime Phone #

01/13/06

FILED
06 FEB -6 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

T. Roberts FEB 07 2006
CR2E081 (12/05)

Miami International Copiers Inc.
10810 N.W. 29 Street
Doral, Fl. 33172

January 13, 2006

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Miami International Copiers Inc.
Doc #: P04000021419

Gentlemen:

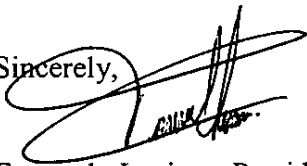
We are corresponding with you concerning your Administrative Dissolution of our company. Please note that shortly after incorporating in 2004, our company moved its operation from the address you have on record to our new address. Furthermore, our company never received notification of the renewal of their annual report for the year 2005.

We are attaching a check in the amount of \$300.00 to cover years 2005 and 2006, and a corporation reinstatement form.

We respectfully request that our company be reinstated and any penalties be waived.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Laviosa', written over a horizontal line.

Fernando Laviosa, President