

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000135532

1. Corporation Name

MIG Enterprises, INC.

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

501 NE 1st Ave

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33132

Country

US

3. Mailing Office Address

501 NE 1st Ave

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33132

Country

US

REINSTATEMENT

10-11

4. Date Incorporated or Qualified
To Do Business in Florida **09/28/2004**

5. FEI Number
265630620

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

Richard I. Martinez

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

501 NE 1st Ave

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33132

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

1/29/11

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
President	Richard Martinez	501 NE 1st Ave, Suite 200	Miami, FL 33132
Vice President	Arlene Martinez	501 NE 1st Ave, Suite 200	Miami, FL 33132

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 FEB -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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