

2005 FOR PROFIT CORPORATION REINSTATEMENT

05- Re


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05 SEP 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000168442			
1. Entity Name MIRANDA'S ANTIQUE SHOP, INC.			
Principal Place of Business 143 W FLAGLER STREET MIAMI, FL 33134		Mailing Address 143 W FLAGLER STREET MIAMI, FL 33134	
2. Principal Place of Business 3440 NW 7 Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 140303 Suite, Apt. #, etc.	
City & State Miami, Florida Zip 33125 Country USA		City & State Coral Gables, Florida Zip 33134 Country USA	
6. Name and Address of Current Registered Agent MARRERO, ROSA 143 W FLAGLER STREET MIAMI, FL 33134		7. Name and Address of New Registered Agent Name ROSA Marrero Street Address (P.O. Box Number is Not Acceptable) 3440 NW 7 Street City Miami FL Zip Code 33125	

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: Rosa Marrero DATE: 9/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARRERO, ROSA 143 W FLAGLER STREET MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Marrero, ROSA 3440 NW 7 Street Miami, Florida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rosa Marrero DATE: 9/23/05 (305) 265-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #