

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -8- PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P05000120779	
1. Entity Name MIAFLORENCE, INC.	



Principal Place of Business 9595 COLLINS AVE SUITE N9-D SURFSIDE, FL 33154	Mailing Address 9595 COLLINS AVE SUITE N9-D SURFSIDE, FL 33154
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>c/o Opera Gallery</i> 9700 Collins Avenue Suite, Apt. #, etc. Suite #218 City & State Bal Harbour, Florida Zip 33154 Country U.S.A.
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10192006 REIN-P CR2E098 (11/05)

4. FEI Number 51-0606005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHEL, DYAN G 9595 COLLINS AVE SUITE N9-D SURFSIDE, FL 33154	7. Name and Address of New Registered Agent Name Bernard Markowicz Street Address (P.O. Box Number is Not Acceptable) c/o Opera Gallery 9700 Collins Avenue, Suite #218 City Bal Harbour FL Zip Code 33154
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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 *Bernard Markowicz* DATE \_\_\_\_\_  
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, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, DYAN G 9595 COLLINS AVE. SUITE N9-D SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081633498 11/08/06--01036--006 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 attached page with an address, with all other like empowered.

SIGNATURE: *Dyan G. Michel* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR