

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

700163981857
12/28/09--01001--004 **450.00

CR2E081 (12/08)

DOCUMENT # P 06000110833

1. Corporation Name

miRoba Consulting, Inc

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

7102 HALIFAX CT

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Office Address

SAME (7102 HALIFAX CT)

Suite, Apt. #, etc.

N/A

City & State

same (TAMPA FL)

Zip (33615)

same

Country (USA)

same

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/06

5. FEI Number

20-5435981

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

ROBERTA L FUNKHOUSER

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

7102 Halifax CT

Suite, Apt. #, Etc.

N/A

City

TAMPA

State

FL

Zip Code

33615

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Roberta L Funkhouser

REGISTERED AGENT MUST SIGN

Date 12-9-09

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
VP	Michael A Funkhouser	7102 HALIFAX CT	TAMPA FL 33615

REINSTATEMENT

RH

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:

Michael A Funkhouser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 9, 2009

Date

813-503-4265

Daytime Phone #