

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000037440

1. Entity Name
MIELE CONSULTING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 22 AM 8: 15

Principal Place of Business
24 DOCKSIDE LANE
KEY LARGO, FL 33037

Mailing Address
24 DOCKSIDE LANE
KEY LARGO, FL 33037

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12162008 REIN-P CR2E098 (1/07)

4. FEI Number 02-0538081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIELE, R. PATRICK
24 DOCKSIDE LANE
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MIELE, R. PATRICK
STREET ADDRESS 24 DOCKSIDE LANE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE T ☐ Delete
NAME MIELE, R. PATRICK
STREET ADDRESS 24 DOCKSIDE LANE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☐ Delete
NAME MIELE, R. PATRICK
STREET ADDRESS 24 DOCKSIDE LANE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600139212536
STREET ADDRESS 12/22/08--01065--022 **750.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

R. Patrick Miele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-08 207 838 6500

Date

Daytime Phone #