

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD8000015691

1. Corporation Name

MIKD

REINSTATEMENT 10-11

600199045436
03/23/11--01004--009 **900.00

CR2E081 (11/10)

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

18839 Caspian Circle

Suite, Apt. #, etc.

3. Mailing Office Address

18839 Caspian Circle

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton, FL

Zip

33496

Country

Palm Beach

Zip

33496

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

352 325218

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

Patricia Hayat

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

18839 Caspian Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

Patricia Hayat

REGISTERED AGENT MUST SIGN

Date 3-17-11

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
Vice	Aurham Hayat	18839 Caspian Circle	Boca Raton, FL
Pres	Patricia Hayat	" " "	" "

10. E-mail Address: patty.hayat@aol.com

(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:

Patricia Hayat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-17-11 907-715-5972

Daytime Phone #