

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 NOV 27 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000063073

1. Corporation Name

MIFS INC

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

3916 N ARMENIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3916 N ARMENIA AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

HILLSBOROUGH

Zip

33607

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida
11/20/2013

5. FEI Number

27-3152741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD ADDISON

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

3916 N ARMENIA AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

Date **November 20th, 2013**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	RICHARD ADDISON	3916 N ARMENIA AVE	TAMPA FL 33607

REINSTATEMENT

NOV 27 2013

R. HUNT

10. E-mail Address: **logamr1ck17@yahoo.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:

RICHARD ADDISON PRESIDENT

11/20/2013

813-875-5377