

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:09

DOCUMENT # **P92000002683**

1. Corporation Name

**MIRASOL INTERNATIONAL CENTER, INC.**

Principal Place of Business

MIRASOL INT'L CENTER  
2699 COLLINS AVE  
MIAMI BCH FL 33140  
US

Mailing Address

2699 COLLINS AVE  
FRONT DESK  
MIAMI BEACH FL 33140  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1992

5. FEI Number

65-0368890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DURAN, JOSE	2655 COLLINS AVE., APT. 1711	MIAMI BEACH
SD	PUJUAN, JOAQUIN	2655 COLLINS AVE., APT 2411	MIAMI BEACH
VD	PINEDA, MANUEL	2655 COLLINS AVE., #1506	MIAMI BEACH
TD	FERNANDEZ, MIRIAM	2655 COLLINS AVE., #2006	MIAMI BEACH FL
VD	FERNANDEZ, ANICIA	2655 COLLINS AVE., APT. 2101	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

JOSE DURAN  
2699 COLLINS AVE  
MIAMI BCH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003479102--8

-11/28/00--01103--024

\*\*\*\*750.00 \*\*\*\*750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-2-00

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., 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 under section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duran 11-2-00 305-531-2699

Date

Daytime Phone #

CR2E040 (8/00)