

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

02 APR -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017137

1. Corporation Name

FROM MIAMI CORP.

2. Principal Office Address

9742 RICHMAN CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

9742 RICHMAN CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434

Country

Zip

33434

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0397849

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

MARTIN KALKAS

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

245 SE 1ST ST.

Suite, Apt. #, Etc.

SUITE 311

City

MIAMI

State
FL

Zip Code

33131

000005291860-4
-04/18/02--01017--002
****300.00 ****300.00

CR2E081 (9/01)

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

Martin Kalkas

Date

7/13/02

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
PRES	OLAVO NETO GALVAO	9742 RICHMAN CIRCLE	BOCA RATON, FL 33434
			01-02 UBR

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/19/02

Daytime Phone #

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

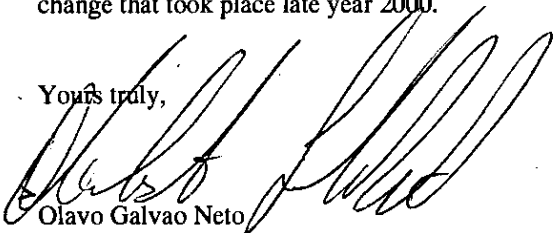
Boca Raton, March 19, 2002

Re: P93000017137

Dear Sir/Madam:

Please find enclosed a money order for \$300.00 to reinstate From Miami Corp. and pay for the UBR fees for the years of 2001 and 2002. We have not received the notice for year 2001 UBR due to an address change that took place late year 2000.

Yours truly,



Olavo Galvao Neto
President