

FILED

01 APR 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000030090

1. Corporation Name

MIAMI TO GO, INC.

2. Principal Office Address

1717 N. Bayshore DR.

Suite, Apt. #, etc.

2456

City & State

MIAMI FLA.

Zip

33132

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0414672

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

CAROLE ANN TAYLOR

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

1717 N. Bayshore DR.

Suite, Apt. #, etc.

2456

City

MIAMI

800004064848-9

-04/24/01-01100-003

***\$900.00 ***\$900.00

State

FL

Zip Code

33132

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

CATaylor

REGISTERED AGENT MUST SIGN

Date

4/14/01

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
P	CAROLE ANN TAYLOR	1717 N. Bayshore DR. Unit 2456	MIAMI FLA 33132

10. I certify that I am an officer or director of 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:

CATaylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/01

Daytime Phone #