APPLICATION FOR REINSTATEMENT

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

99 JUN 30 PM 1:2?

REINSTATEMENT 98-099

DOCUMENT # P93000041410 (0)

1. Corporation Name

MIRRA INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
4440 SW 57 Ave. Miami FL 33155	

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4440 SW 57 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Miami FL	City & State
Zip: 33155 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/03/1993

5. FEI Number: 65-0417785 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DR PD	PAGNUSSAT, SERGIO	4440 SW 57 Ave	Miami, FL 33155

900002921259--5
-07/01/99--01080--011
****900.00 ****900.00

6-30-99

8. Name and Address of Current Registered Agent

PAGNUSSAT, SERGIO
4440 SW 57 Ave.
Miami, FL 33155

9. Name and Address of New Registered Agent

Name: N/A

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

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] (REGISTERED AGENT MUST SIGN) Date: 6/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] SERGIO PAGNUSSAT 6/29/99 305-667-0786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #