


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2010 AR

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

FILED
10 JUL 12 PM 3:34
STATE SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # P93 0000 69787

1. Corporation Name

Miami Banquet Hall Inc.

600182620676
07/12/10--01057--002 **400.00

600182620676
06/25/10--01027--003 **150.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #
6713 SW 134th Ct
Suite, Apt. #, etc.

3. Mailing Office Address
6713 SW 134th Ct
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33183
Country
US

Zip
33183
Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
ARMANDO GARCIA

Street Address (P.O. Box Number is Not Acceptable)
6713 SW 134 CT

Suite, Apt. #, Etc.

City
Miami-FL

State
FL
Zip Code
33183

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date 7/02/10

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	GARCIA, ARMANDO	6713 SW 134 th Ct	Miami FL 33183

10. E-mail Address: aa.garcia.05@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., 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.

SIGNATURE:



ARMANDO AGARCIA. 6-22

(304) 951-1455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/10