

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 18 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084389

1 Corporation Name

Mitzia, Inc.

Principal Place of Business

Mailing Address

13131 S.W. 89 PL.
Miami Fla. 33176

13131 SW 89 PL.
Miami, Fla
33176

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

4 Date Incorporated or Qualified
To Do Business in Florida

12 / 09 / 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0453662

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	Helene J. Furgang	12824 SW 108 AVE	Miami, Fla. 33176
D	Francis D. Rogoff	9835 SW 108 Ter.	Miami, Fla 33176

500003046335--5
-11/16/99--01095--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Furgang, Helene
13131 SW 89 PL.
Miami Fla. 33176

Name

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

Helene J. Furgang

REGISTERED AGENT MUST SIGN

Date

10 / 11 / 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:

Helene J. Furgang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 / 11 / 99

Daytime Phone #

305-238-9090

CR2001 (12/98)

(2)

Briar Bay TRAVEL

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

To Whom It may concern,

I recieved a call from my bank advising me that when filing my ARC letter of credit, they found that my corporation Mitria, Inc had been dissolved. I had not been notified that any thing was due and had not been in receipt of any letter from the state requesting payment. I can only assume that our mailing address or mail has gone astray.

Please allow us this one time waiver and find our check in the amount of \$150.00 for the filing fee.

Thank you

Helene J. Jungay