

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 FEB -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011143

1. Corporation Name

Mikad, Inc.

2. Principal Office Address

15813 2nd Street E.

Suite, Apt. #, etc.

City & State

Redington Beach, FL

Zip

Country

33708

Pinellas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-94

5. FEI Number

59-3226466

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

Brenda Rochman

(BRENDA C. ROCHMAN)

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

15813 2nd Street East

Suite, Apt. #, Etc.

Redington Beach, FL 33708

City

Redington Beach, FL 33708

State

FL

Zip Code

33708

600003133366-3
-02/11/00-01113-020
****615.00 ****615.00

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

X Brenda Rochman
REGISTERED AGENT MUST SIGN

Date 1/25/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Brenda Rochman	15813 2nd Street E	Redington Beach FL 33708

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

Brenda Rochman

1/25/2000

Date

727-3926589

Daytime Phone #

CR2E081 (9/99)