

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 16 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033139**

1. Corporation Name
MILES AHEAD, INC.

Principal Place of Business

~~2211 NE 7TH ST
HALLANDALE FL 33009~~

**4620 Davie Rd.
Davie, FL 33314**

Mailing Address

~~2211 NE 7TH ST
HALLANDALE FL 33009~~

**4620 Davie Rd.
Davie, FL 33314**

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

2. New Principal Office Address, If Applicable

4620 Davie Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4620 Davie Rd.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip **33314**

Country **USA**

Zip **33314**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1994

5. FEI Number

65-0513996

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
D	KOBLER, MICHAEL	2211 NE 7TH ST 4164 Inverrary 4164 Inverrary Drive Apt. 1010	HALLANDALE FL 33009 Lauderhill, FL 33319

200002064992--5
-01/22/97--01145--003
****200.00 ****200.00

REINSTATEMENT

1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOBLER, MICHAEL

2211 NE 7TH ST

~~HALLANDALE FL 33009~~

4164 Inverrary Dr.
Apt. 1010
Lauderhill, FL 33319

Name

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

Suite, Apt. #, Etc.

City

200002064992--5

-01/22/97--01145--004

******175.00 ****175.00**

FL

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

Michael Kolber

REGISTERED AGENT MUST SIGN

Date

12/20/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kolber

Date

12/20/96

Daytime Phone #

954-582-1226