PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE \*APPLICATION Sandra B. Mortham **FOR** FILFD Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 AUG 11 AN 7: 46 DOCUMENT # P95000003104 1. Corporation Name MIRADA CONSTRUCTION COMPANY Principal Place of Business Mailing Address 5082 Hanging Moss Lane 5082 Hanging Moss Lane Sarasota, FL 34238 Sarasota, FL 34238 REINSTATEMENT 98 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 Date Incorporated or Qualified To Do Business in Florida 1/11/95 Suite, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State City & State 65-0556695 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Žio Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) P John Donovan 5082 Hanging Moss Lane Sarasota, Florida 34238 St. Helier Jersey JE4 8UZ Theodore Goddard Jersey, D P.O. Box 344, Osprey Channel Islands, UK Christopher Lloyd House 5 Old Street **500002969835--9** -03/25/93--01073--007 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name John Donovan 5082 Hanging Moss Lane Street Address (P.O. Box Number is Not Acceptable) Sarasota, Florida 34238 Suite, Apt. #, Etc. City State 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 Age REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🔲 Intangible/Personal Property tax due June 30. 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 filling 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 inform on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: