

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

98 APR -3 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000009211

1. Corporation Name

MIRALAND, INC.

Principal Place of Business

Mailing Address

c/o Ortega & Company, P.A. c/o Ortega & Company  
2807 Douglas Rd. #302 2807 Douglas Rd. #302  
Miami, FL 33145 Miami, FL 33145

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
1355 West 53rd Street

3. New Mailing Address, If Applicable  
1355 West 53rd Street

4. Date Incorporated or Qualified  
To Do Business in Florida

2/3/95

Suite, Apt. #, etc.  
Suite 320

Suite, Apt. #, etc.  
Suite 320

5. FEI Number  
65-0647581

Applied For

Not Applicable

City & State  
Hialeah, Florida

City & State  
Hialeah, Florida

Zip Country  
33012 USA

Zip Country  
33012 U.S.A.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WENGER, Ana M.	96 Meadow Road	Riverside, CT 06878
VS	DRAKE, Ana	17718 N.W. 66 Place	Miami, FL 33015
			800002481546--4
			-04/07/98--01081--016
			***900.00 ***900.00

**REINSTATEMENT**

97-98  
A. Drake  
4/3/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ana Drake  
17718 N.W. 66th Place  
Miami, FL 33015

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

Ana Drake

REGISTERED AGENT MUST SIGN

Date 3/31/98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

Ana Drake

3/31/98

305 821-5880

CR2E040 (12/95)