

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FORMED  
AND  
FILED

1997 JUL 24 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000010695**

1. Corporation Name

THE MINE CORPORATION OF MIAMI

Principal Place of Business

12939 S.W. 133 Court  
Miami, FL 33186

Mailing Address

12939 S.W. 133 Court  
Miami, FL 33186

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

2. New Principal Office Address, If Applicable

1001 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 2410

City & State  
Miami, FL

Zip  
33131

Country  
Dade

3. New Mailing Office Address, If Applicable

1001 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 2410

City & State  
Miami, FL

Zip  
33131

Country  
Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

02-08-95

5. FEI Number

X

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)

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
PD	MAZA, ARISTIDES	1001 S. Bayshore Dr. Suite 2410	Miami, Florida 33131
VSD	MAZA, OCTAVIO	1001 S. Bayshore Dr. Suite 2410	Miami, Florida 33131
D	MAZA, ARISTIDES, JR.	1001 S. Bayshore Dr. Suite 2410	Miami, Florida 33131
			8000002251038--4 -07/23/97--01093--001 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

TILSON MAGA  
12939 S.W. 133 Court  
Miami, Florida 33186

9. Name and Address of New Registered Agent

Name

CARLOS ALBERTO CASTRO, ESQ.

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

1001 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 2410

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

7/17/97

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/97 (305) 372-2800

CR2E040 (12/95)