

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000036362**

1. Corporation Name  
**MIRO INVESTMENT, INC.**

FILED

96 NOV -4 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2055 S.W. 122ND AVE, #526, MIAMI FL 33175  
Mailing Address: 2055 S.W. 122ND AVE, #526, MIAMI FL 33175

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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable <b>12670 SW 8 Street</b>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <b>12670 SW 8 Street</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>05/09/1995</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami FL</b>		5. FEI Number <b>450579233</b>	
Zip <b>33184</b>		Country <b>U.S.A</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
PTD	MIRO, HUMBERTO F	2055 S.W. 122ND AVE, #526	MIAMI FL 33175
VSD	MEJAS, OMAR	2055 S.W. 122ND AVE, #526	MIAMI FL 33175
			000002000010--5 -11/08/96--01021--011 ***376.00 ***376.00

8. Name and Address of Current Registered Agent <b>MIRO, HUMBERTO F 2055 S.W. 122ND AVE. #526 MIAMI FL 33175</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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: *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: **10/29/96**

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]* **SIGNATURE REQUIRED** **Omar Mejia** Date: **10/04/96** 227-9604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR23040 (7/95)