

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

Mailing Address

2055 S.W. 122ND AVE.
#526
MIAMI FL 33175

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.

2. New Principal Office Address, If Applicable

12670 SW. 8 Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
12670 SW 8 Street

City & State
Miami FL

City & State
Miami FL

Zip
33184 Country
U.S.A

Zip
33184 Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1995

5. FEI Number

450579233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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

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-11/08/96--01021--011
***376.00 ***376.00

8. Name and Address of Current Registered Agent

MIRO, HUMBERTO F
2055 S.W. 122ND AVE.
#526
MIAMI FL 33175

9. Name and Address of New Registered Agent

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/96 **227-9604**
Date Daytime Phone