

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Matthew J. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:42

DOCUMENT # P95000051245

1. Corporation Name

65-45 MIRACLE MILE, INC.

Principal Place of Business

Mailing Address

107 MILL PLAIN RD  
SUITE 305  
DANBURY CT 06811  
US

107 MILL PLAIN RD  
SUITE 305  
DANBURY CT 06811  
US

150  
22  
6054



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0603157

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FIELDING, ROBERT C	PARK REGENT BUILDING, 184 BRADLE	PALM BEACH FL 33480
P	FIELDING, BRIAN S	107 MILL PLAIN RD #305	DANBURY CT 06811

400004678794--7  
-11/14/01--01054--026  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIRSCHHORN, JOEL  
DOUGLAS CENTRE, PH-1  
2600 DOUGLAS ROAD  
CORAL GABLES FL 33134-6134

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

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)

**65-45 MIRACLE MILE LTD.**

**107 MILL PLAIN RD. STE 305  
DANBURY, CT 06811  
203-743-5161  
203-797-1528 (FAX)**

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October 16, 2001

Florida Department of State  
Divisions of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

I enclose an application for reinstatement of 65-45 Miracle Mile Inc. and enclose a check in the amount of \$150.00 after speaking with your offices. We have done this because there apparently has been some error as we had not received the original application.

We appreciate your assistance.

Sincerely yours,



Brian S. Fielding  
President  
65-45 Miracle Mile Inc.

BSF: wrh

Enclosures: Application and check

c: Ted Klein