

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 16 PM 12:01

DOCUMENT # P95000097399

1. Corporation Name

MIACO INC.

REINSTATEMENT 8-02

300008372753--4

-10/15/02--01034--004

***1358.75 ***1358.75

2. Principal Office Address

2585 RIVERVIEW CT

3. Mailing Office Address

JAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

Zip

32963

Country

INDIAN RIVER

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

95 DEC 27

5. FE Number

65-0632461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARL D. DOMENICI

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

2585 RIVERVIEW CT

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.11.02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARL D. DOMENICI	2585 RIVERVIEW CT	VERO BEACH FL 32963

10. 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

10.11.02

Daytime Phone #

772
5395851

CR2E081 (9/01)