

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra M. Ham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -1 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033157

1. Corporation Name

MILES MACKENZIE CORP.

Principal Place of Business

112 S FEDERAL HWY STE X5
BOYNTON BEACH FL 33435

Mailing Address

112 S FEDERAL HWY STE X5
BOYNTON BEACH FL 33435



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

04/12/1996

Suite, Apt. #, etc.

STE 5

Suite, Apt. #, etc.

STE. 5

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL 33435

Zip

33435

Country

US

Zip

33435

Country

US

5. FEI Number

☒ 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)

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
PRES	KENNETH F. MACKENZIE	2661 SW 23RD CRANBROOK	BOYNTON BEACH, FL 33436
VP	RAYMOND C. MILES	8041 ABERDEEN DR.	BOYNTON BEACH, FL 33437

100002366831--1
-12/09/97--01057--022
****165.00 ****165.00

Ch. Alan
12/1/97

8. Name and Address of Current Registered Agent

MILES, RAYMOND C
8041 ABERDEEN DRIVE
BOYNTON BEACH FL 33437

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

Raymond C. Miles

REGISTERED AGENT MUST SIGN

Date 11-15-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Raymond C. Miles

Raymond C. Miles

Date

Daytime Phone #

8041 Aberdeen Drive
Apartment 202
Boynton Beach, FL 33437-2931
Phone 561-736-2902

November 15, 1997

Division of Corporations
Annual Report Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Miles MacKenzie Corp.; Request for Reinstatement (enclosed)

Gentlemen:

Enclosed is a Request for Reinstatement for the subject corporation, of which I am the Registered Agent.

Probably because of an incorrect address for the corporation in your records, prior notices were not received.

Under the circumstances, we hereby request that penalties be waived, and that the enclosed check in the amount of \$165.00 be accepted as the full reinstatement fee.

Thank you for your consideration of this request.

Sincerely,


Raymond C. Miles

Encs.

RCM:hs:N-648 b1