

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 APR 25 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052048

1. Corporation Name

Mira Vista, Inc

2. Principal Office Address

2353 Braeburn Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2353 Braeburn Circle

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Leon

Zip

32308

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

06-17-96

5. FEI Number

59-3438305

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

Gina Kaye Griswold

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

2353 Braeburn Circle

Suite, Apt. #, Etc.

8000041923981-0

-05/10/01--01017--015

***1050.00 ***1050.00

City

Tallahassee

State

FL

Zip Code

32308

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

Gina Kaye Griswold

REGISTERED AGENT MUST SIGN

Date 4-25-01

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
Dir Pres	Gina Kaye Griswold	2353 Braeburn Circle	Tallahassee, FL 32308
Off Secy Treas	Gloria Franklin	2353 Braeburn Circle	Tallahassee, FL 32308

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:

Gina Kaye Griswold / Gina Kaye Griswold

4-25-01

850-875-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)