


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 JUL -2 AM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000066471

1. Corporation Name

MICOR CAPITAL ADVISORS CORP.

Principal Place of Business

Mailing Address

1001 W. Cypress Creek Road
Suite 320
Ft. Lauderdale, FL 33309

3080 N 35TH ST
HOLLYWOOD FL 33021
US

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

8/9/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0686220

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)

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
P	BROWARNIK, MICHAEL W.	3080 N 35TH ST	HOLLYWOOD FL
			6000002582946--0
			-07/08/98--01061--003
			****315.00 ****315.00
			5L-98
			7-2-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael W. BROWARNIK
3080 N. 35 Street
Hollywood, FL
33021

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]

REGISTERED AGENT MUST SIGN

Date

7/1/98

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98 954677-2255

Date

Daytime Phone #

CR2E040 (8/97)



MICOR CAPITAL, INC.

Michael W. Browarnik
President

July 1, 1998

Mr. Shawn Logan
Division of Corporations
Annual Report / Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: MICOR CAPITAL ADVISORS CORP. / ANNUAL REPORT

Dear Shawn:

Pursuant to our telephone conversation today, enclosed herewith please find Annual Report for the above-referenced corporation, together with our check in the amount of \$315.00, fees for 1997, 1998. As I had indicated, we never received the notice for annual report filing, as an apparent result of an erroneous address. The correct mailing address is as noted in the enclosed report, as well as the current address of our business.

We would appreciate immediate reinstatement of the entity and a correction to your records noting the accurate address. We have also included the Federal Employer ID Number for the corporation.

Thank you for your cooperation.

Sincerely,

Michael W. Browarnik
President

MWB/cr