Pg 1 of 2

H01-88901 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088031

1. Corporation Name

MIRO JOHNSON ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
3740 NW 166 ST	3740 NW 166 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA, FLORIDA	City & State: OPA LOCKA, FLORIDA
Zip: 33054-6320 Country: USA	Zip: 33054-6320 Country: USA

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/1996 SP

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHNSON, MICHAEL E.

Street Address (P.O. Box Number is Not Acceptable): 3740 NW 166 ST.

Suite, Apt. #, Etc.:

City: OPA LOCKA State: FL Zip Code: 33054-6320

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: Michael E Johnson Date: 08/04/01

REGISTERED AGENT MUST SIGN

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
D	JOHNSON, MICHAEL E.	3740 NW 166 ST	OPA LOCKA, FL 33054-6320
D	JOHNSON, ROBIN A.	3740 NW 166 ST	OPA LOCKA, FL 33054-6320

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: Michael E Johnson 08/04/01 954 732-0407

SIGNATURE AND TYPED OR PRINTED NAME OF ANDING OFFICER OR DIRECTOR — Date — Daytime Phone #

H01-88901

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

MIRO JOHNSON ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,350.00