

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION**  
**REINSTATEMENT**  
**99-0042**

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

**DOCUMENT #** P97000015750

**1. Corporation Name**

MIRANDA MAINTENANCE, INC.

**2. Principal Office Address**  
962 NW 135TH CT.  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
962 NW 135TH CT.  
Suite, Apt. #, etc.

**City & State**  
MIAMI, FL.

**City & State**  
MIAMI, FL.

**Zip** 33182 **Country** U.S.A.

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**000003204011--4**  
-04/11/00--01102--015  
\*\*\*\*300.00 \*\*\*\*300.00

**4. Date Incorporated or Qualified To Do Business in Florida** 08/26/97

**5. FEI Number** 65-0729421 **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**  
ROSENDO ACANDA

**Street Address (P.O. Box Number is Not Acceptable)**  
962 NW 135TH CT.

**Suite, Apt. #, Etc.**

**City** MIAMI **State** FL **Zip Code** 33182

**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** X  **REGISTERED AGENT MUST SIGN**

**Date** 3/21/00

**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	ROSENDO ACANDA	962 NW 135TH CT.	MIAMI, FL. 33182
VP	OLIVIA ACANDA	962 NW 135TH CT.	MIAMI, FL. 33182
ST	DANY MIRANDA	962 NW 135TH CT.	MIAMI, FL. 33182

**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:** X  **ROSENDO ACANDA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/00** **(305) 559-8736**  
Date Daytime Phone #

CR2E081 (9/99)

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**Miranda Maintenance, Inc.**

**962 NW 135<sup>TH</sup> Court**

**Miami, Fl. 33182**

**Phone & Fax: (305) 559-8736**

March 6, 2000

FL. DEPARTMENT OF STATE

Division of Corporations

P.O.Box 6327

Tallahassee, Fl. 32314

~~Ref: PROFIT CORPORATION ANNUAL REPORT 1999~~  
DOCUMENT # P97000015750

Dear Sirs,

The purpose of this letter is to send you our company check for \$150.00 covering your fee for 1999. We never received your form corresponding to this year.

Probably the reason for not receiving it is because ending 1998 we moved to a different address and although we opportunistically notified the post office service of our address change, it is possible that it had been sent to our previous address without forwarding to the new place.

Our new address is as quoted:

962 NW 135<sup>th</sup> Court

Miami, Fl. 33182

We shall highly appreciate if you mark your records with our new address and let us have the form corresponding to the current year 2000.

Thanks for your attention,

Sincerely,

ROSENDO ACANDA  
PRESIDENT

