

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NOTIFIED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 97000031206
1. Corporation Name MICKLEWHITE BUSINESS HOLDINGS
INC.

2. Principal Office Address <u>13899 BISCAYNE BLVD.</u>		3. Mailing Office Address <u>6300 S.W. 34th CT.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>N. MIAMI, FLORIDA</u>		City & State <u>MIRAMAR, FLORIDA</u>	
Zip <u>33181</u>	Country	Zip <u>33023</u>	Country

REINSTATEMENT 60-01

4. Date Incorporated or Qualified To Do Business in Florida <u>04-07-97</u>		Applied For SA Not Applicable
5. FEI Number <u>65-0754339</u>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>MICKLEWHITE, EZRA</u>		700003803557-5 -03/07/01--01004--021 ****908.75 ****908.75	
Street Address (P.O. Box Number is Not Acceptable) <u>6300 S.W. 34th CT.</u>			
Suite, Apt. #, Etc.			
City <u>MIRAMAR, FLORIDA</u>		State FL	Zip Code <u>33023</u>

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 *Mickelwhite Ezra* Date _____
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
PCS	MICKLEWHITE, EZRA	6300 S.W. 34 th CT.	MIRAMAR, FL. 33023
VTMB	MICKLEWHITE, LOVERN	6300 S.W. 34 th CT.	MIRAMAR, FL. 33023

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

Lovern Mickelwhite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-2001 (305) 522-5400

CR2E081 (9/00)