APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031873**

1. Corporation Name

MIROBOR, INC.

Principal Place of Business	Mailing Address
~~1221 WEST FLAGLER ST.~~ ~~MIAMI FL 33135~~	~~7100 SW 66 STREET~~ ~~MIAMI FL 33143~~

REINSTATEMENT 2000

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
1446 ALTON ROAD	1446 ALTON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL.	City & State: MIAMI BEACH, FL
Zip: 33139 Country: MIAMI-DADE	Zip: 33139 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 04/08/1997

5. FEI Number: 59-0974585 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FALKOV, BORIS	7100 SW 66 ST.	MIAMI FL 33143

200003511202--6
-12/22/00--01020--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FALKOV, BORIS ~~7100 SW 66 ST.~~ ~~MIAMI FL 33143~~	Name Street Address (P.O. Box Number is Not Acceptable): 1446 ALTON ROAD Suite, Apt. #, Etc. City: MIAMI BEACH State: FL Zip Code: 33139

CR2E040 (8/00)

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 REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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