

APPLICATION FOR REINSTATEMENT



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

FILED
 00 NOV 27 PM 5:12
 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

AR



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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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
 REGISTERED AGENT MUST SIGN
 Date _____

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(l), 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 # _____

CR2ED40 (8/00)