PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 2:07

DOCUMENT # P97000062317

1. Corporation Name
M. I. 1st Van, Inc.

REINSTATEMENT 00-07

2. Principal Office Address	**3.** Mailing Office Address
4508 Pine Cone Place	18760 N.E. 18th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
--	#234
City & State: Cocoa, Florida	City & State: N. Miami Bch, Florida
Zip: 32926 Country: Brevard	Zip: 33179 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 07/18/1997

5. FEI Number: 59-3457968 ☐ 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: ISTVAN MOLNAR

300004765063--3
-01/10/02--01060--003
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 18760 N.E. 18 AVE

Suite, Apt. #, Etc.: #234

City: NORTH MIAMI BEACH, State: FL Zip Code: 33179

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: Istvan Molnar — REGISTERED AGENT MUST SIGN

Date: 12/21/2001

CR2E061 (9/00)

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
Pres.	Istvan Molnar	18760 NE 18 Ave #234	N. Miami Bch, FL 33179
V. Pres.	Istvan Molnar	18760 N.E. 18 Ave #234	N. Miami Bch, FL 33179
Treas.	Istvan Molnar	18760 N.E. 18 Ave #234	N. Miami Bch, FL 33179

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: Istvan Molnar Istvan Molnar 12/21/2001 (305)206-0331

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