

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900162639249
11/09/09--01060--012 **300.00

11-13-09

DOCUMENT # P98000007715

1. Corporation Name

Miami International Advisors Corp.

2. Principal Office Address- No P.O. Box #

169 E. Flagler St.

Suite, Apt. #, etc.
1534

City & State
Miami, FL

Zip
33131

3. Mailing Office Address

169 E. Flagler St.

Suite, Apt. #, etc.
1534

City & State
Miami, FL

Zip
33131

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/1998

5. FEI Number
522125947

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
Jose Nicenboim

Street Address (P.O. Box Number is Not Acceptable)
169 E. Flagler St.

Suite, Apt. #, Etc.
1534

City
Miami

State
FL

Zip Code
33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Jose Nicenboim
REGISTERED AGENT MUST SIGN

Date 11/05/2009

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	Jose Nicenboim	169 E. Flagler St. # 1534	Miami, FL - 33131

10. E-mail Address: jnicenboim@miacorp.com

(To be used for future annual report notifications)

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. I further certify 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:

Jose Nicenboim

Jose Nicenboim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2009 305-371-1344

Date Daytime Phone#