

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10F2

FILED

02 DEC 23 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000014759

1. Corporation Name

Miles Financial, Inc.

2. Principal Office Address

9460 Sunrise Lakes Blvd.

Suite, Apt. #, etc.

Building 132 #105

City & State

Surprise, FL

Zip

33322

Country

U.S.

3. Mailing Office Address

8428 W.  
Oakland Prk Blvd.

Suite, Apt. #, etc.

City & State

Surprise, FL

Zip

33351

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

2/13/98

5. FEI Number 65-0813363

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

Ruth Liverpool

Street Address (P.O. Box Number is Not Acceptable)

8428 W. Oakland Prk. Blvd.

Suite, Apt. #, Etc.

City

Surprise

State

FL

Zip Code

33351

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

Ruth Liverpool  
REGISTERED AGENT MUST SIGN

Date 10/23/02

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.D	Mockyer, Barbara	9460 Sunrise Lakes Blvd Building 132 #105	Surprise, FL 33322

100009243801  
11/27/02 01003 016 \*\*150.00

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:

*Barbara Mockyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/02  
Date

Daytime Phone #

CR2E081 (9/01)

**Lass Accounting & Business Services, Inc.**

**8428 W. Oakland Park Blvd.**

**Sunrise, FL 33351**

**Phone: (954) 746-5011 ~ Fax: (954) 746-7996**

10/14/02

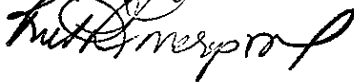
**RE: Miles Financial, Inc.**

To Whom It May Concern:

On September 3, 2002, we at Lass Accounting submitted a letter stating that our client Barbara Mockyen, president of Miles Financial, did not receive the 2002 Uniform Business Report and requested a blank document as well as a request to waive any additional penalties.

While awaiting your response, we phoned the Division of Corporations on 10/14/02 and were told that the corporation was dissolved due to the fact that you did not receive the 2002 UBR. Please be aware that our client did not receive the 2002 UBR. We will be submitting a reinstatement application and the original filing fee of \$150.00 in hopes that this can be resolved. Thank you for your cooperation and consideration.

Respectfully,



Ruth Liverpool  
President