

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 28 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000015983

1. Corporation Name

Miamigo Publishing, Inc.

2. Principal Office Address

555 NE 15th St.

3. Mailing Office Address

555 NE 15th St.

Suite, Apt. #, etc.

Unit CUI5

Suite, Apt. #, etc.

Unit CUI5

City & State

Miami FL

City & State

Miami FL

Zip

33132

Country

USA

Zip

33132

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/98

5. FEI Number

650823161

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

Steven K. Baird

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

6301 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 208

City

Miami

State

FL

Zip Code

33138

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

Steven K. Baird

REGISTERED AGENT MUST SIGN

Date

12/28/01

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
D,P, S,T	Michael E. Huter	555 N.E. 15th St. #25E	Miami, FL 33132

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:

Michael E. Huter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/01

Date

305-532-5051

Daytime Phone #

CR2E001 (9/01)