

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **aa**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **98000017706**

1. Corporation Name

MIAMI FINANCE, INC.

7635 S.W. 82 AVE

Mailing Address
MIAMI FL 33143

9745 S.W. 72 ST #210

Principal Place of Business
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified
To Do Business in Florida

2/28/98

SP

5. FEI Number

05-0467329

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	MARIA CANABAL	7635 S.W. 82 AVE	MIAMI FL 33143

588883818885-1
-10/19/93-01081-010
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JERRY DALE
8370 W FLAGLER ST. #252
MIAMI FL 33144

Name

MARIA CANABAL

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

7635 S.W. 82 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/5/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **X**

[Signature] **MARIA CANABAL, PRES.**

Date

10/5/99 (305)

Daytime Phone #

710-3340