PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 FEB -4 PM 3:20

REINSTATEMENT 10-13

CR2E081 (11/10)

DOCUMENT # P98000020193

1. Corporation Name
MIAMI INDUSTRIAL SERVICES INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
RUTH LEACH	171 NW 87 ST
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Florida	City & State
Zip: 33150 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: abril 1998

5. FEI Number: 65-0817845 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Ruth Leach

Street Address (P.O. Box Number is Not Acceptable): 743 NW 111 ST

Suite, Apt. #, etc

City: Miami State: FL Zip Code: 33168

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Ruth Leach Date: 01/29/2013

REGISTERED AGENT MUST SIGN

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
President	Ruth Leach	171 NW 87 St.	Miami Fl. 33150
Vice President	Tamar S. Dennis	171 NW 87 St	Miami Fl. 33150
"	" Tamar S. Dennis		

10. E-mail Address: Rmuffet@yahoo.com
(To be used for future annual report notification)

11. 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. 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ruth Leach President/Owner 01/29/13 (305) 766-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 04 2013
D. BUTLER