

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR 16 AM 8:28

DOCUMENT # P98000021213

1. Corporation Name

Micaela Inc.

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

2415 Bent Tree Rd

Suite, Apt. #, etc.

#2415

City & State

Palm Harbor

Zip

34683

Country

Pinellas/US

3. Mailing Office Address

2415 Bent Tree Rd

Suite, Apt. #, etc.

#2415

City & State

Palm Harbor

Zip

34683

Country

Pinellas/US

200310692792
03/16/18--01022--017 **1350.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1998

5. FEI Number

65-0816988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monica H. Van Ormer

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

2415 Bent Tree Rd

Suite, Apt. #, Etc.

#2428

City

Palm Harboar

State

FL

Zip Code

35683

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

REGISTERED AGENT MUST SIGN

Date **February 20, 2018**

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
CEO	Monica H. Van Ormer	2415 Bent Tree Rd #2428	Palm Harbor, FL 34683
CFO	Douglas Van Ormer, Ph.D.	2415 Bent Tree Rd #2428	Palm Harbor, FL 34683

10. E-mail Address: **monicavanormer@icloud.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 2018

(854) 224-5193

DATE

Daytime Phone #