

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000021345**

00 DEC -6 PM 2:03

1. Corporation Name
MIRO, INC.

Principal Place of Business Mailing Address
 3501 WEST VINE ST SUITE 341 3501 WEST VINE ST SUITE 341
 KISSIMMEE FL 34741 KISSIMMEE FL 34741



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3501913	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D	HOODA, NAUSHIK	P O BOX 33764 STATION D	VANCOUVER, BC V6J 4L6 CANADA
P	HOODA, NAUSHIK	3501 W. VINE ST., STE 341	KISSIMMEE FL 34741
			600003500626--5 -12/13/00--01117--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SVEJDA, PAUL J 3501 WEST VINE ST SUITE 341 KISSIMMEE FL 34741		Name MR. NAUSHIK HOODA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 *Paul J Svejda* REGISTERED AGENT MUST SIGN Date **11/27/00 11/28/00**

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., 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: *Paul J Svejda* **MR. NAUSHIK HOODA** 11/27/00 407 870 9800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E04D (8/00)