

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. Matthew Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # P98000036258

1. Corporation Name

MIRACLE AND 42ND, INC.

01 OCT 24 PM 12:29

Principal Place of Business

Mailing Address

2341 LEJEUNE ROAD
CORAL GABLES FL 33134

2341 LEJEUNE ROAD
CORAL GABLES FL 33134



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

04/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0832966

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	4 City / State / Zip
PTD	BELTRAN, MANUEL	2341 LEJEUNE ROAD	CORAL GABLES FL 33134
VSD	BELTRAN, DAWN	2341 LEJEUNE ROAD	CORAL GABLES FL 33134
			200004679662--7
			-11/15/01--01003--014
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAMOND, KEITH D
46 S.W. FIRST STREET
FOURTH FLOOR
MIAMI FL 33130

Name
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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-9/22/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2001

Date

(305) 444-7376

Daytime Phone #

CR2ED46 (8/01)



La Salle Cleaners

"Your Shield of Perfection"

2012

Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee, Fla 32314

To Whom It May Concern:

I am writing this letter in lieu of the Reinstatement Application just received.

I am requesting for the \$750.00 fee to be waived due to non-receipt of original application.

If you need any question answered, please call me at (305) 444-7376.

Enclose you find the \$150.00 Annual fee for the application.

Thank You.


Manuel Beltran