

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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99-01 UBR

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

DOCUMENT # P980000478J8

1. Corporation Name
 MIAMI-DADE SERVICES, INC.

2. Principal Office Address
 5769 N.W. 7 STREET
 Suite, Apt. #, etc. Suite # 151
 City & State MIAMI FL
 Zip 33126 Country

3. Mailing Office Address
 SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 01 OCT 29 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida MAY 28, 1998

5. FEI Number 05-0861447
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 700004690817-7

Name RUBEN RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable) 5769 N.W. 7 STREET. LS
 Suite, Apt. #, Etc. # 151
 City MIAMI
 State FL Zip Code 33126

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 *Ruben Rodriguez* Date 10/25/01
 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	RUBEN RODRIGUEZ	5769 N.W. 7ST #151	MIAMI FL 33126
Vice-Pres.	RUBEN RODRIGUEZ	" " " "	" " " "
TREASURER	RUBEN RODRIGUEZ	" " " "	" " " "
SECRETARY	RUBEN RODRIGUEZ	" " " "	" " " "

10. 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: *Ruben Rodriguez* RUBEN E. RODRIGUEZ. 10/25/01 305-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

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**MIAMI-DADE SERVICES, INC.
5769 N.W. 7 STREET # 151
MIAMI, FLORIDA 33126-3105**

OCTOBER 25, 2001

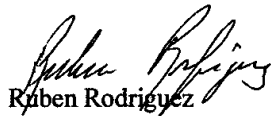
FLORIDA DEPARTMENT OF STATE
ATT: Michelle Milligan

As per our telephone conversation on September 27, 2001 (Ref. Letter 201A00053710), I am enclosing the reinstatement application and reinstatement fee of \$450.00 as you instructed to reinstate my corporation, Miami-Dade Services, Inc.

As I mentioned to you, the reason I never re-instated this, was because I had moved and it appears that not all of my mail was forwarded to the new address.

Once again, I sincerely appreciate everything that you have done to assist me with this matter.

Sincerely,


Ruben Rodriguez