

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 10:52

DOCUMENT # 998000048950

1. Corporation Name

Michaeleen Burns & Associates, Inc.

200117850762
02/12/08--01025--011 **758.75

CR2E081 (12/07)

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

260 Crandon Blvd

Suite, Apt. #, etc.

#32-PMB 129

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

260 Crandon Blvd

Suite, Apt. #, etc.

#32-PMB 129

City & State

Key Biscayne, FL

Zip

33149

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/01/1998

5. FEI Number

65-0854152

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

Name

Mitchell J. Howard, CPA

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

3800 South Ocean Drive

Suite, Apt. #, Etc.

Suite 228

City

Hollywood,

State

FL

Zip Code

33019

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mitchell J. Howard, CPA

Date

2/5/08

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
P/D	Burns, Michaeleen	260 Crandon Blvd, #32-PMB 129	Key Biscayne, FL 33149
VP	Scheib, Miro	260 Crandon Blvd, #32-PMB 129	Key Biscayne, FL 33149

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 contained in Chapter 119, 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:

Michaeleen Burns

Burns, Michaeleen

1/24/2008

305-377-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #