

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078102

1. Corporation Name

MIR SUBS & PIZZA, INC.

3502 N POERLINE RD

3502 N POWERLINE RD

2. Principal Office Address

3502 N POERLINE RD

Suite, Apt. #, etc.

3. Mailing Office Address

3502 N POWERLINE RD

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33069

Country

Zip

33069

Country

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

5. FEI Number
65-0873914

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

ABOU ZAMEL

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

3502 N POWERLINE RD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code
33069

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

[Signature]

Date 12/17/2004

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
PTD	ABOU ZAMEL	3502 N POWERLINE RD	POMPANO BEACH, FL 33069

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/017/2004

Date

561-815-5134

Daytime Phone #

CR2E081 (01/04)

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd
Suite 416
Boca Raton, Fl. 33486
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

December 16, 2004

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Reinstatement Section

REF: MIR SUBS & PIZZA, INC.
DOCUMENT # P98000078102

Dears Sirs,

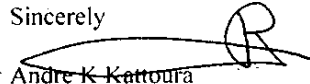
The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 150.00 and 2004. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely



Andre K Kattoura

Enclosure (s)

Check \$ 150.00 Annual Report 2004.