

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079046

1. Corporation Name

MIMI TRAVEL CORP.

2. Principal Office Address

6915 MAIN ST

Suite, Apt. #, etc.

#231

3. Mailing Office Address

6915 MAIN ST

Suite, Apt. #, etc.

#231

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/98

5. FEI Number

65-0863554

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

IRMINA MORALES

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

6915 MAIN ST

Suite, Apt. #, Etc.

#231

City

MIAMI LAKES

State

FL

Zip Code

33014

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

Irminas

Date

4/20/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	IRMINA MORALES	6915 MAIN ST #231	MIAMI LAKES FL 33014
S	IRMINA MORALES	6915 MAIN ST #231	MIAMI LAKES FL 33014
T	IRMINA MORALES	6915 MAIN ST #231	MIAMI LAKES FL 33014
			0000004275360-8
			-05/21/01-01203-009
			***300.00 ***300.00

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: *Irminas* IRMINA MORALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/20/01 305-827-5530
Daytime Phone #