

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P98000079046*

**1. Corporation Name**

*MIMI TRAVEL CORP.*

**2. Principal Office Address**

*6915 MAIN ST*

Suite, Apt. #, etc.

*#231*

City & State

*MIAMI LAKES, FL*

Zip

*33014*

Country

*USA*

**3. Mailing Office Address**

*6915 MAIN ST*

Suite, Apt. #, etc.

*#231*

City & State

*MIAMI LAKES, FL*

Zip

*33014*

Country

*USA*

**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

**2000-2001 UBR**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*4/20/01*

**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
<i>P</i>	<i>IRMINA MORALES</i>	<i>6915 MAIN ST #231</i>	<i>MIAMI LAKES FL 33014</i>
<i>S</i>	<i>IRMINA MORALES</i>	<i>6915 MAIN ST #231</i>	<i>MIAMI LAKES FL 33014</i>
<i>T</i>	<i>IRMINA MORALES</i>	<i>6915 MAIN ST #231</i>	<i>MIAMI LAKES FL 33014</i>

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\*\*\*\*388.00 \*\*\*\*388.00

**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:

*[Signature]* IRMINA MORALES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/20/01*

Daytime Phone #

*305-827-5530*