


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000082573		
1. Entity Name MIRACLE MILE MANAGEMENT, INC.		

Principal Place of Business 626 - 21ST STREET VERO BEACH, FL 32960	Mailing Address 404 SABLE OAK DRIVE VERO BEACH, FL 32963
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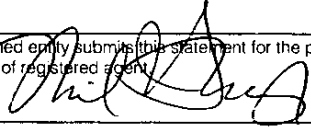
2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 643038
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32964	Country



6. Name and Address of Current Registered Agent GARAVAGLIA, MICHAEL J ESQ 736 BEACHLAND BLVD. VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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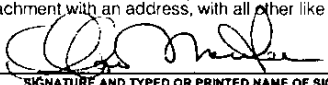
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Michael J Garavaglia** 10/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MOLESTA, THOMAS A 404 SABLE OAK DR. VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 626 21st St Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MOLESTA, GAIL P 404 SABLE OAK DR. VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 626 21st St Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WHARTON-BICKLEY, STEVENS 38 PARK HILLS GRAND RAPIDS, MI 49506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 626 21st St Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600111019576 10/22/07--01004--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gail Molesta** 10/16/2007 772-696-2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #