

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 -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000085514**

1. Corporation Name

J. MILES FUNHOUSE INC.

2. Principal Office Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

Suite 185

City & State

FT. Lauderdale, FL.

Zip

33316

Country

USA

3. Mailing Office Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

Suite 185

City & State

FT. Lauderdale FL

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650863696

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

000003993190

Name

Gerald Miles

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

1126 S. Federal Hwy

Suite, Apt. #, Etc.

Suite 185

City

FT. Lauderdale

State

FL

Zip Code

33316

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

Gerald Miles

REGISTERED AGENT MUST SIGN

Date

2/28/01

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

President	Gerald Miles	1126 S. Federal Hwy #185	FT. L. FL 33316

REINSTATEMENT

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:

Gerald Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

954.463.3988

Daytime Phone #

CR2E081 (9/00)