


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -2 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090222

1. Corporation Name
MIRIAM MAINIERI, INC.

2. Principal Office Address 1249 San Miguel		3. Mailing Office Address 1249 San Miguel	
4. Apt. #, etc.		Suite, Apt. #, etc.	
5. City & State Coral Gables, Florida		City & State Coral Gables, Florida	
6. Zip 33134	Country USA	Zip 33134	Country USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida 10/21/1998	
5. FEI Number 650872213	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Angel M. Garcia-Oliver	
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.	
Suite, Apt. #, Etc. 3400	
City Miami	State / Zip Code FL 33131

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 11-1-2000

REGISTERED AGENT MUST SIGN

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
D	Miriam Mainieri	1249 San Miguel	Coral Gables, Fl 33134

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] **11-1-2000** **205-371-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

2082



ACCOUNT NO. : 072100000032

REFERENCE : 885832 81517A

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 750.00

ORDER DATE : November 2, 2000

ORDER TIME : 4:19 PM

ORDER NO. : 885832-005

CUSTOMER NO: 81517A

CUSTOMER: Denise Ben-david, Legal Asst
Ferrell Schultz Carter &
Miami Center, Suite 1920
201 S. Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILINGS

NAME: MIRIAM MAINIERI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____

RECEIVED
00 NOV -2 PM 4:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA