

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**



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

FILED

01 DEC 31 PM 5:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000099780**

1. Corporation Name

**Miami Shores Residential Services, Inc.**

**300004764653--1**  
 -01/10/02--01031--002  
 \*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

**9200 NW Third Ave**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip  
**33150**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**11/23/98**

5. FEI Number

**59-2152692**

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

**Mark A. Trop, Esq.**

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

**9999 NE 2nd Ave.**

Suite/Apt. #, Etc.

**#201**

City

**Miami**

State  
**FL**

Zip Code

**33138**

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

*Mark A. Trop*  
**REGISTERED AGENT MUST SIGN**

Date

**12/28/01**

**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
Pres.	Timothy A. Hamilton	9200 NW 3RD Ave.	Miami, FL. 33150

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:

*Timothy A. Hamilton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/28/01**

Date

**305-502-7221**

Daytime Phone #

CR2E081 (8/01)

Miami Shores Residential Services, Inc  
9200 NW Third Ave  
Miami, FL 33150  
(305) 751-1087

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

December 28, 2001

Dear Sir or Madam:

Please find enclosed the corporate reinstatement form and fees for Miami Shores Residential Services, Inc., FEIN# 59-2152692, as instructed by Michelle, one of your extremely helpful and informative office personnel.

Neither my registered agent nor myself received the annual report to file for the year 2001. None of this was brought to my attention until December 28<sup>th</sup> when I spoke with Michelle in your offices via telephone. To ensure that this miscommunication is not repeated please send all future correspondence to MSRS, Inc. 9200 NW Third Avenue - Miami, FL 33150. I truly appreciate your help and support in this matter.

Thank you kindly,



Timothy A. Hamilton

TAH:jp  
CC:FLDeptofState, MTrop