

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000006849

1. Corporation Name

House Of Miracles, Inc.
1214 Laird Ave.
Key West, FL 33040

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2321 Fogarty Ave.

Suite, Apt. #, etc.

City & State

Key West, FL
Zip 33040 Country Monroe

3. New Mailing Office Address, If Applicable

1030 Truman Ave.

Suite, Apt. #, etc.

Suite #1
City & State

Key West, FL 33040
Zip 33040 Country Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/99

5. FEI Number

65-0911430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

200001

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	WASSERMAN, YARON	2321 Fogarty Ave. Key West, FL 33040	400003746564--4 -02/21/01--01122--010 ****150.00 ****150.00
			400003746564--4 -02/21/01--01122--011 ****250.00 ****250.00
			400003746564--4 -02/21/01--01122--012 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

SPEIGEL & UTRERA, PA
343 ALMERIA AVE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
YARON WASSERMAN
Street Address (P.O. Box Number is Not Acceptable)
c/o W.A. FREIDLANDER & ASSOC., PA
1030 TRUMAN AVE.
City
KEY WEST, FL
State
FL
Zip Code
33040

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01-16-01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 305-304-9090

Date

Daytime Phone #

CR2E081 (12/98)