

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008553040
10/23/02--01117--002 **150.00

DOCUMENT #

P99000006849

1. Corporation Name

HOUSE O' MIRACLES, INC

Principal Place of Business

Mailing Address

909 VIRGINIA ST.

1834 FLAGLER AVE

#1

KEY WEST, FL

KEY WEST, FL 33040

33040

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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
Pres	WASSERMAN, YARON	909 VIRGINIA ST #1	KEY WEST, FL 33040

8. Name and Address of Current Registered Agent

YARON WASSERMAN
c/o W.A. FREIDLANDER & ASSOC, PA
1834 FLAGLER AVE
KEY WEST, FL 33040

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 10/16/02

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

YARON WASSERMAN

Date

10/16/02

Daytime Phone #

305-294-1135

CR2E081 (12/96)

**Patience
Accounting and Tax Service, Inc.**

Phone (305) 745-1841

P.O. Box 503
Summerland Key, FL 33042

*Marilyn Sommerhoff
Enrolled to Practice Before
The Internal Revenue Service*

C/M # 7001 0320 0001 9985 7125

OCTOBER 15, 2002

DIVISION OF CORPORATIONS
409 EAST GAINES ST
TALLAHASSEE, FL 32399

REGARDING: REINSTATEMENT OF CORPORATION
HOUSE O' MIRACLES, INC.

DEAR SIRs/MADAM

THE ABOVE CORPORATION DID NOT FILE ITS ANNUAL CORPORATION
REPORT DUE TO THE FACT THAT THEY DID NOT RECEIVE A REPORT.

THE ADDRESS THAT THE FORM WAS TO BE SENT TO WAS THE
ATTORNEY'S ADDRESS, BUT THERE WAS A PROBLEM. AFTER THE
ATTORNEY GAVE PERMISSION TO USE HIS ADDRESS HE MOVED AND
APPARENTLY THE MAIL FORWARD SERVICE EXPIRED PRIOR TO THE
ANNUAL REPORT BEING SENT.


THE ONLY WAY THAT WE KNEW THAT THE REPORT WAS LATE WAS
GOING ON TO THE INTERNET ON OCTOBER 13, 2002 AND SEEING
THAT THE CORPORATION HAD BEEN DISSOLVED.

PLEASE CONSIDER THE ABOVE PROBLEM AND REOPEN THE CORPORATION
FOR THE ANNUAL FEE.

THANK YOU FOR COOPERATION IN THIS MATTER.

SINCERELY


MARILYN SOMMERHOFF, E.A.


YARON WASSERMAN, PRESIDENT
HOUSE O' MIREACLES, INC

ENCLOSED: APPLICATION FOR REINSTATEMENT