

2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 AM 11:53

DOCUMENT # P99000011112

1. Corporation Name

MIKEL, INC.

2. Principal Office Address

2211 PONCE DE LEON BLVD

3. Mailing Office Address

2211 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/99

5. FEI Number

65-0893187

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

MICHAEL P CAMPBELL

100004724541--9

-12/13/01--01041--020

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

2211 PONCE DE LEON BLVD

****300.00 ****300.00

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	MICHAEL P CAMPBELL	14551 SW 146TH PL	MIAMI, FL 33186

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)(f), 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

MICHAEL P CAMPBELL-Pres

Date

Daytime Phone #

CR2E01 (9/00)

MIKEL, INC.
2211 Ponce De Leon Blvd.
Coral Gables, FL 33134

Miami, November 27, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Mikel, Inc.
Doc.# P99000011112


Dear Sir/Madam;

Enclosed please find a check for \$300.00 to cover annual report fees for CY 2000 and 2001 and a completed 2001 UBR form. We never received the renewal forms, sometimes our mail has been lost, and it was not until now that my accountant brought it to my attention.

I am writing your Office to ask if you could wave the reinstatement fee of \$550.00. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,


Michael Campbell
Pres