

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

DOCUMENT # P9000011112

1. Corporation Name

MIKEL, INC.

**REINSTATEMENT** 04

MRS

2. Principal Office Address

PO BOX 141651

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 141651

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

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

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

2267 SW 16th STREET # 2

Suite, Apt. #, Etc.

City

MIAMI, FL

33145

State  
FL

Zip Code  
33145

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 11/03/04

REGISTERED AGENT MUST SIGN

**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	MICHAEL P CAMPBELL	2267 SW 16th ST # 2	MIAMI, FL 33145

200042606652  
11/03/04--01068--012 \*\*150.00

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: ☒

*[Signature]*

MICHAEL P CAMPBELL

11/03/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

**MIKEL, INC.  
PO BOX 141651  
CORAL GABLES, FL 33134**

---

November 3, 2004

**Florida Department of State  
Division of Corporations**

**PO Box 6327  
Tallahassee, FL 32314**

**Re: # P99000011112**

To Whom It May Concern:

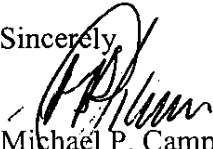
Enclosed please find a check for \$150.00 to cover the annual report fee for CY 2004 and a completed reinstatement form. I was in the process of moving my company and I never received the renewal form.

My accountant was the one who brought it up to my attention that the corporation had been dissolved.

I am writing your office to ask if you would wave the reinstatement fee of \$550.00 and reinstate my corporation. I sincerely hope that you would take this into consideration.

Thank you.

Sincerely

  
Michael P. Campbell  
President

