

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000040490

1. Corporation Name

MI-MAUS CORPORATION

Principal Place of Business

15150 SW 167TH ST.
MIAMI FL 33187

Mailing Address

15150 SW 167TH ST.
MIAMI FL 33187

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1999

5. FEI Number

65-1131186

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 3	City / State / Zip 4
P	SALAZAR, MARIA L	15150 S.W. 167TH STREET	MIAMI FL 33187

8. Name and Address of Current Registered Agent

SALAZAR, MARIA L
15150 SW 167TH ST.
MIAMI FL 33187

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

Maria L. Salazar

REGISTERED AGENT MUST SIGN

Date 11/4/01

11. 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:

Maria L. Salazar Maria L. Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/01 305 378 9960

Daytime Phone #

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

TEAR OFF HERE

New Address _____
City _____ State _____ Zip _____
Telephone Number () _____

Do not write beyond this line

Employer Identification Number (EIN)

65-1131186

190812 3 2

OMB No. 1545-0257

MI-MAUS CORPORATION
15150 SW 167 ST
MIAMI FL 33167-0806

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INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 12-2000)