· . . INSTRUCTIONS REFORE COMPLETING THIS FORM

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PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
CORPOLATION REINSTALE ILENT FLORIDA CHAPTMENT OF STATE Katherine Harris o Cretary of State Corporations FILED ON NOV 27 PM 3: 04		FILED 00 NOV 27 PM 3: 04
DOCUMENT #POODOSOSOS		SECRETARY OF STATE TALLAHASSEE FLORIDA
MIRD ENTERPRISES CORP.		
2. Principal Office Address 3511. Sw. 139. ct.	3. Mailing Office Address	2000034934222 -12/11/0001041011 ****150.00 ****150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
	SAME-	4. Date Incorporated or Qualified 6-/3 -/-99
City & State MIAMI, FLA	City & State	5. FEL Number Applied For Not Applicable
^{2ip} 33175 County 45A	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name MIGUEL	4 MARTIN	VEZ
Street Address (P.O. Box Number is Not Acceptable) 9 C. +.		
s Suite, Api. #, Etc.		
City M, 4me, State FL 33175		
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 Date Date Date Date Date Date Date Dat		
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 Director	Street Address of E Officer and/or Dire	ector II
PPSAMIGUEL MAN	PINEZ MIAMI,	139 CT MIAMI, DADE 139 CT MIAMI DADE
PRES ROSA MARTINEZ MIAMI, Th 33175 MIAMI DADE		
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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 filling 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 corporator have been paid and representation 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 infracturate, and physician true of the same logal effect as if made under oath. SIGNATURE: SIGNATURE: Date Daytime Phone #		

Ф,

Fiber-Tech Corp.

P99-60300

(305) 635-2818 Fax (305) 635-8661

3767 N.W. 50th Street Miami, FL 33142

October 24, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Corporation
MIRO ENTERPRISES CORP. #65-0923804

To whom it my concern:

Please be advised that at no time did we receive any information of the attached Matter. It was not our intention to let this slip away. We had major problems With our mail system in our area and that was what caused this to slip through. I spoke to someone in your office last week and the gentleman asked me to request a form and fill it in and send it in along with a check for \$150.00 so This corporation is reinstated.

Your cooperation in this matter would be greatly appreciated. Please call me If you need any further information from us. Thank you in advance for your time and patience.

Singerely yours,

Rosa Martinez

(305) 559-2945 home

(305) 635-2818 work

/rm

NOTE: Please LET US Know how we can obtain a CORPORATE SEAL FOR OUR CORPORATIONS.