

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000056008

00 OCT 17 PM 4:14

1. Corporation Name

MIRANDY, INC.

Principal Place of Business

Mailing Address

6495 SUNSET STRIP
SUNRISE FL 33313

~~6495 SUNSET STRIP~~
~~SUNRISE FL 33313~~

REINSTATEMENT 00

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

1881 S.W. 42 AVE

Ft. Lauderdale, FL

33317

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

65-0932558

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 3	City / State / Zip 4
P	Andres Oquendo	1881 SW. 42 AVE	Ft. Lauderdale 33317
S/T	MIRIAM OQUENDO	1881 SW. 42 AVE	Ft. Lauderdale 33317

000003440650--4
-10/26/00-01069-008
****750.00 ****750.00

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OQUENDO, ANDRES

~~6495 SUNSET STRIP~~

~~SUNRISE FL 33313~~

Name

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

1881 S.W. 42 AVE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33317

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/13/2000

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRES OQUENDO

Date

10/13/2000

Daytime Phone #

954-675-4735