

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063142

1. Corporation Name
MIAMI CONCIERGE, INC.

2095 ROCKY HILL DRIVE

2. Principal Office Address
2095 ROCKY HILL DRIVE

Suite, Apt. #, etc.

City & State
DELTONA, FL.

Zip
32738

Country
VOLUSIA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Handwritten initials

REINSTATEMENT 01-04

4. Date Incorporated or Qualified -
To Do Business in Florida 07/15/99

5. FEI Number
65-0933893

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
DEBORAH B. DANIEL

Street Address (P.O. Box Number is Not Acceptable)
2095 ROCKY HILL DRIVE

Suite, Apt. #, Etc.

City
DELTONA

State
FL

Zip Code
32738

400041646754
10/06/04-01033-002 **750 00

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DEBORAH B. DANIEL	2076 ROCKY HILL DRIVE	DELTONA, FL. 32738

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:

Deborah B. Daniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-04

Daytime Phone #

CR2E081 (01/04)

202

September 30, 2004

Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Gentlemen:

I am submitting a Reinstatement application for Miami Concierge, Inc. along with a check in the amount of \$750.00.

I am requesting that the additional fees which went into effect January 1, 2004, be waived. I had no idea that the Corporation had not been renewed annually by the Registered Agent who was receiving all the correspondence from the State of Florida. It was not until the business relationship was severed in 2003 that I finally found out the status of the Corporation.

It would be a financial hardship to have to pay the additional fees when there are quite a few business affairs that also need to be straightened out. Your consideration of a waiver would be greatly appreciated.

Sincerely,



Deborah B. Daniel