PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine, Harris

Secretary of State **DIVISION OF CORPORATIONS**

P99000073764 **DOCUMENT #**

1. Corporation Name

BABY MIKA, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

AVENTURA MALL

AVENTURA MALI

01 DEC 24 AM 8:57

SCUNETAKÝ GŘISTATE TABLAHASSEET FLORIDA

305-705-0770

Daytime Phone #

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						REINS	TATEMENT	1	$\int C$
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								<i>//</i> (
'Aventura Mail					4. Date Incorporated or Qualified To Do Business in Florida 08/18/1999				
Suite Apt. # etc. Suite Apt. #, etc.					5. FEI Numbe		Applied F		
City & Stat		City & State				1	65-0941837	Not Appli	
MIA			CAN		٠	6.		Additional Fee re	
33180 Country Zip Country						CERTIFICAT	E OF STATUS DESIRED for	a Certificate of St	atus
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors		3		et Address of Each cer and/or Director		City / State	e / Zip	
D	SECADA, JUAN		7925 NW 12TH STREET				MIAMI FL 33172		
D	SECADA, MARITERE		7925 NW 12TH STREET				MIAMI FL 33172		
			L			7	00004765 -01/10/020	127-	-1
							-01/10/020 ****750.00	1062001 ****750.	00
								LS	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Name					§				
				Street Address (P.O. 8ox Number is Not Acceptable)					
6769 S. DIXIE HWY. SUITE 201					Suite, Apt. #, Etc.				
MIAMI FL 33156				City j State Zip Code					
							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 Date 12-01-01									

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.