

FAX AUDIT No. H03000325671

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 NOV 26 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #**

1. Corporation Name

P99000111216

MIA INTERNATIONAL, INC.

2. Principal Office AddressSui C/O R. BEZOLD
1 S.E. 3RD AVE 28TH FLOOR
City MIAMI, FL. 33131**3. Mailing Office Address**Su C/O R. BEZOLD
1 S.E. 3RD AVE 28TH FLOOR
City MIAMI, FL. 33131

Zip

Country

Zip

Country

REINSTATEMENT 2003Data Incorporated or Qualified
To Do Business in Florida 12/28/1999

5. FEI Number 52-2219259

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ YESNO ☐ Additional fees required
for a certificate of status**7. Name and Address of Current Registered Agent**

Name

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

AMERICAN INFORMATION SERVICE, INC
1 S.E. 3RD AVENUE 28TH FLOOR
Suite, Apt. #, Etc. MIAMI, FL. 33131

City

State
FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

AMERICAN INFORMATION SERVICES, INC. By Angelica M. Chiru

Assistant Secretary

Date 11/26/03

REGISTERED AGENT MUST SIGN

8. 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
DP	STRAUSS, RICHARD	C/O 1 S.E. 3 RD AVENUE, 28 TH FLOOR	
	MIAMI, FL. 33131		

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 807.0401 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)(b), 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:

Richard Strauss P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-03

Daytime Phone # 954-426-5240

2052

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Angelica Chirn
Account Name : AKERMAN, SENTERFITT & BIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

CORPORATION REINSTATEMENT

MLA INTERNATIONAL, INC.

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