

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **511032**

1. Corporation Name

MIAMI REFERRAL SERVICES, INC

2. Principal Office Address

12509 S DIXIE HWY

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33156

3. Mailing Office Address

6480 SW 133 DR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

REINSTATEMENT

02-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65 023 1920

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

JEANETTE I. POOLE

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

6480 SW 133 DR.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33156

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

Jeanette I. Poole

Date

REGISTERED AGENT MUST SIGN

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. | JEANETTE I. POOLE | 6480 SW 133 DR. | MIAMI, FL 33156 |
| SECY | DONALD H. POOLE | " " " | " " " |
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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 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:

Jeanette I. Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

805-667-2045

CR2E081 (01/05)