

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 FEB 17 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 37588

1. Corporation Name

MICHIGAN HOLDINGS CORP.

Principal Place of Business  
010

Mailing Address

2701 S BAYSHORE DR  
SUITE 403  
COCONUT GROVE, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3370 MARY STREET

3. New Mailing Office Address, If Applicable  
SAME

4. Date Incorporated or Qualified  
To Do Business in Florida 3/13/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0348930

Applied For

Not Applicable

City & State

City & State

COCONUT GROVE, FL

Zip 33133

Country USA

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, S	MARC H. PEARL	834 SEVILLA AVENUE	COCONUT GROVE, FL 33134
T	PETER KOPP	c/o 3370 MARY STREET	COCONUT GROVE, FL 33133

100002434501--B  
-02/18/98--01083--011  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRK JASLOW  
9130 S PADRELAND BLVD  
SUITE 1209  
MIAMI, FL 33156

Name  
MARC PEARL  
Street Address (P.O. Box Number is Not Acceptable)  
3370 MARY STREET  
Suite, Apt. #, Etc.

City COCONUT GROVE State FL Zip Code 33133

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 2/11/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]* MARC H. PEARL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/98 (305) 443-3320  
Daytime Phone #

CR2E040 (1/98)