

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

90 MAY - 92 PM 10:31

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V40638

1. Corporation Name

MIRACLE MILE CORP.

Principal Place of Business

**2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33134**

Mailing Address

**2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33134**

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/92

5. FEI Number

65-0338781

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ROSADO, JOSE F.	2333 PONCE DE LEON BLVD. SUITE 650	CORAL GABLES, FL 33134
VTSD	BLANCO, FRANCISCO E.	2333 PONCE DE LEON BLVD. SUITE 650	CORAL GABLES, FL 33134
D	SUAREZ, ANTONIO	2333 PONCE DE LEON BLVD. SUITE 650	CORAL GABLES, FL 33134
D	GARCIA, JOSE CARLOS BO	2333 PONCE DE LEON BLVD. SUITE 650	CORAL GABLES, FL 33134

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-05/13/99--01108--018

****908.75 ****908.75

8. Name and Address of Current Registered Agent

**RICHARD GUTTMAN, ESQUIRE
2333 PONCE DE LEON BLVD.
STE. 650
CORAL GABLES, FL 33134**

9. Name and Address of New Registered Agent

Name **RICHARD GUTTMAN, ESQUIRE**
C/O CARLTON, FIELDS, WARD, EMMANUEL, SMITH
Street Address (P.O. Box Number is Not Acceptable) **& CUTLER, P.A.**
100 S.E. 2ND STREET.
Suite, Apt. #, Etc. **SUITE 4000**

City

MIAMI

State

FL

Zip Code

33131

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

RICHARD GUTTMAN

REGISTERED AGENT MUST SIGN

Date

4-22-99

11. This corporation owes 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: JOSE F. ROSADO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 305-447-8697
Date Daytime Phone

CR2E08 (2/98)