

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 NOV 13 PM 6:07

DOCUMENT # V70518

1. Corporation Name

MIRACLE VENTURES, INC.

Principal Place of Business

Mailing Address

5126 W. HWY. 98
DBA THE SLEEP INN
PANAMA CITY FL 32401
US

5126 W HWY 98
PANAMA CITY BCH. FL 32401
US



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

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3146241

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THOMAS H. TREADWELL, II	5126 W. HWY 98	PANAMA CITY FL 32409

300003487413--8
-12/05/00--01047--012
****150.00 ****150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TREADWELL, THOMAS HILTON, II
5207 GULF DRIVE
S-12
PANAMA CITY BEACH FL 32408

Name

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

Suite, Apt. #, Etc.

City

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS H. TREADWELL

11/8/00

Date

850-763-2777

Daytime Phone #

CR2EAG (800)

V70518

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5126 West Highway 98
Panama City, FL 32401
850/763-7777
Fax 850/785-9545

November 08, 2000

To Whom It May Concern:

As per my phone conversation 11/06/00 then your office, please find a check enclosed for the renewal of Corp. of Miracle Ventures, Inc. As I told the lady I spoke with, this is the first notice I received for the corporation this year. I have researched all files and entry for payment and I did not receive notice at the first of year as I have in the past. I was told to send this letter with payment of \$150.00.

Thank you in advance,

Linda J. Hunt, CHA
Director of Operations

A handwritten signature in black ink, appearing to read "Linda J. Hunt", written in a cursive style.