PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 22 PM 12:13

DOCUMENT # 700071

**1.** Corporation Name
Miami Art League Inc.

~~W000-14824~~

**REINSTATEMENT** 94.00

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 11603 NE 2 Ave. | 16499 NE 19 Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 107 |
| City & State Miami | City & State Fl. |
| Zip 33161 Country Dade | Zip 33162 Country Dade |

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

**5.** FEI Number 59-6162018 ☐ 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: Richard Miller

000003314540--0
-07/06/00--01025--022
****603.75 ****603.75

Street Address (P.O. Box Number is Not Acceptable): 16499 NE 19 Ave

Suite, Apt. #, Etc.: 107

City: Miami | State: FL | Zip Code: 33162

**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: Richard Miller — Date: 5/18/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

**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 |
|---|---|---|---|
| P/D | Natalie Suchotine | 16507 NE 26 Ave. | N. Miami Bch Fl. |
| VP/D | Irene Ester | 11377 W. Biscayne Canal | Miami. 33161 |
| VP/D | Harry Sandler | 800 NE 195 St. | Miami. Fl 33179 |
| S/T/D | Eugene Kay | 500 Bayview Dr. | Miami. Fl 33160 |
| | | | AD |
| | | | |

**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:** Natalie Suchotine P/D — 5/18/00 — (305) 944-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #