

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



600009140896  
11/21/02--01015--004 \*\*236.25

DOCUMENT # 758812

1. Corporation Name

COCONUT GROVE CHAMBER OF COMMERCE, INC.

Principal Place of Business

2820 MCFARLANE RD.  
MIAMI FL 33133

Mailing Address

2820 MCFARLANE RD.  
MIAMI 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

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

06/17/1981

5. FEI Number

59-0877858

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ED	<del>MCPHERSON, SHELLEY MAE</del> KAREN del Valle	2820 MCFARLANE RD. MCFARLANE	COCONUT GROVE FL 33133
<del>DPEP</del>	GIVENS, HENRY LEE	2820 MCFARLANE ROAD	COCONUT GROVE FL 33133
<del>JVP</del>	<del>ALVAREZ, ORLANDO L JR</del> NORY COOKS	2820 MCFARLANE RD	COCONUT GROVE FL 33133
<del>WPD</del> <del>TR</del>	<del>UMBERGER, CHARLES</del> DENISE CALVO	2820 MCFARLANE ROAD	COCONUT GROVE FL 33133
<del>DZVP</del> <del>T</del>	<del>SWEENEY, ALLEN</del> CRIS SWEENEY	2820 MCFARLANE RD	COCONUT GROVE FL 33133
<del>TD</del>	<del>WINDSOR, JAY</del>	2820 MCFARLANE ROAD	COCONUT GROVE FL 33133

8. Name and Address of Current Registered Agent

~~GEIAS, SILMA~~ KAREN del Valle  
2820 MCFARLANE RD  
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name KAREN del Valle  
Street Address (P.O. Box Number is Not Acceptable)  
2820 MCFARLANE RD  
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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/14/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/02

CR2E040 (8/02)