

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

96 DEC 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31337

1 Corporation Name

MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.



REINSTATEMENT *Re*

Principal Place of Business

Mailing Address

7 WESTWARD DRIVE
P.O. BOX 663150
MIAMI SPRINGS FL 33266-7150

7 WESTWARD DRIVE
P.O. BOX 660150
MIAMI SPRINGS FL 33266-7150

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/07/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0131977	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD C	CHRISTOPHER PHILIP Bill McQuay	2225 W. OFFSHORE 4471 NW 36 ST, #214	MIAMI FL Miami Springs, Fl. 33166
VD D	FONFRI, MARY Ned Helss	292 PARK ST. 5301 NW 36 ST	MIAMI SPRINGS FL Miami Springs, Fl
VD D	PHILIP, BOB Bob Mezyk	100 WEST OFFSHORE SUITE 12 70 Westward Drive	MIAMI FL 33166 Miami springs, Fl
FD D	FERNANDEZ LEFEBURE, PATRICIA Polly Thompson	8720 DONALD BLVD. 7655 NW 50 ST	MIAMI FL Miami, Fl. 33166
			JB12-17-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOREHOUSE, EARL W. 70 WESTWARD DR. MIAMI SPRINGS FL 33168		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		588882033525-8 -12/19/96--01033--003 ****236-25-****236-25 FL	

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 _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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]* SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____