


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002871			
1. Corporation Name Lesbian, Gay & Bisexual Educators Group of South Florida, Inc.			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 6030 NW 40 St. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. Box 347321 Suite, Apt. #, etc.	
City & State Virginia Gardens, FL		City & State Coral Gables, FL	
Zip 33166 Country USA		Zip 33234 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 6/9/1994		5. FEI Number 65-0476504	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" 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	Robert Loupo	3229 Gifford Lane	Miami, FL 33133
VD	Edda Cimino	6030 NW 40 St.	Virginia Gardens, FL 33166
TD	Charles Schall	10001 W. Bay Harbor Dr. #308	Bay Harbor Islands, FL 33154
8. Name and Address of Current Registered Agent		9. Name and Address of new Registered Agent	
Carlos Rodriguez 6805 SW 152 Ct. Miami, FL 33193		Name Edda Cimino Street Address (P.O. Box Number is Not Acceptable) 6030 NW 40 St. Suite, Apt. #, Etc. City Virginia Gardens State FL Zip Code 33166	
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 <i>Edda Cimino</i> REGISTERED AGENT MUST SIGN		Date 2/4/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>Edda Cimino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/2/97 Daytime Phone #	

FILED
97 FEB 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 96-97
2/2/97

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