

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046905

1. Corporation Name

BNI-THE MIAMI CHAPTER, INC.

Principal Place of Business

Mailing Address

50 ALHAMBRA CIR  
CORAL GABLES FL

PO BOX 16-4406  
MIAMI FL 33116

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*01/24/03 90077 028 100*

4. Date Incorporated or Qualified To Do Business in Florida

04/26/2002

5. FEI Number

65-0938783

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	<del>KESSLER, STELLA</del> PETERSON, DAVID	18422 SW 76 ST 866 S. DIXIE HWY	MIAMI FL 33173 CORAL GABLES, FL 33146
V	ALEXIS, GARMEN	12153 SW 101 AVE	MIAMI FL 33186
ST	<del>ALEXANDER, CAROL</del> CONNER, LINDA S.	11375 SW 112 CIR LANE S 13781 SW 101 AVE	MIAMI FL 33176

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, CAROL  
11375 SW 112 CIR LANE S  
MIAMI FL 33176

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. or 617.0505, F.S.

Signature of Registered Agent

*Carol Alexander*

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

*Linda S. Conner*

LINDA S. CONNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

(305) 253-3722

Daytime Phone #

CR2E040 (7/03)

*RRH*

**BNI-THE MIAMI CHAPTER  
P. O. BOX 164406  
MIAMI, FLORIDA 33116**

October 10, 2003

Florida Department of State  
Glenda E. Hood, Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

RE: Notice of Administrative Dissolution  
Document Number P02000046905

Enclosed please find the signed application for reinstatement. The payment of \$150.00 was paid on January 21, 2003, but apparently without a FEIN number.

I did not receive your letter dated January 28, 2003 requesting the FEIN number. Therefore I assumed that it had been filed and paid on a timely basis.

We respectfully request abatement of any penalty or reinstatement fees since we had filed and the payment was paid on a timely basis.

*Carol Alexander*  
Carol Alexander  
Registered Agent for BNI-The Miami Chapter