

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
04 OCT 29 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000818

1. Corporation Name

Paul W. Bell Middle School Music Booster Assoc.

11800 N.W. 2nd Street
7895 W. Flagler Street

2. Principal Office Address

11800 N.W. 2nd Street

3. Mailing Office Address

7895 W. Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#313

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33182

Country

U.S.

Zip

33144

Country

U.S.

REINSTATEMENT

03-24

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

5. FEI Number
65-0792133

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

Clara Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

13821 SW 14 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

REGISTERED AGENT MUST SIGN

Date

10/26/04

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	Alina Hernandez	9020 N.W. 8 Street, #210	Miami, FI 33172
V	Odalys Rubio	7895 W. Flagler Street, #313	Miami, FI 33144
T	Gloria Morse	7895 W. Flagler Street, #313	Miami, FI 33144
S	Ivette Vila	7895 W. Flagler Street, #313	Miami, FI 33144

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11/02/04--01018--011 **35.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

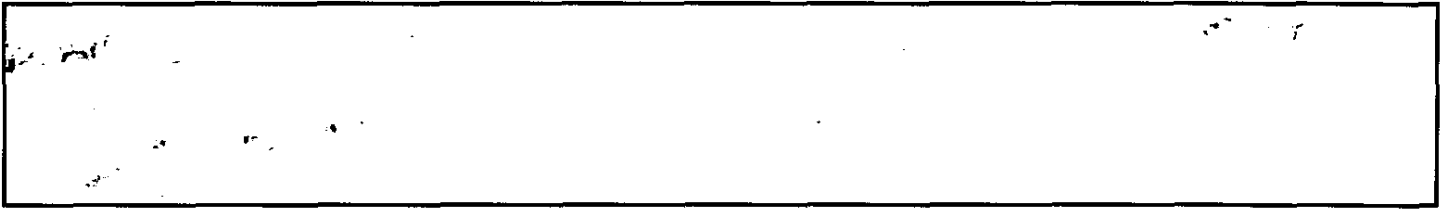
Date

10/27/04

Daytime Phone #

305-553-7508

CR2E081 (01/04)



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

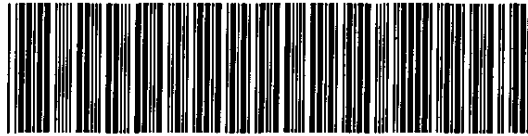
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/02/04--01078--023 **35.00