PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 22 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50197**

1. Corporation Name

MIAMI BOND CLUB, INC.

Principal Place of Business	Mailing Address
C/O STEVE HARNISH, TREASURER 2815 SW 25 ST. APT. 2 MIAMI FL 33133	C/O STEVE HARNISH, TREASURER 2815 SW 25 ST. APT. 2 MIAMI FL 33133

REINSTATEMENT 03

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
2829 BIRD AVE	2829 BIRD AVE
Suite, Apt. #, etc.: PMB 301	Suite, Apt. #, etc.: PMB 301
City & State: COCONUT GROVE FL	City & State: COCONUT GROVE FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/1992

5. FEI Number: 65-0702543 ☐ 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
PD	MCKEY, DWIGHT	1511 ROBBIA AVE	CORAL GABLES FL 33146
PD	PHILLIPS, STEVE	5501 RIVIERA DR	CORAL GABLES FL 33143
SD	GUEMES, JULIO A	9050 SW 62 ST	MIAMI FL 33156
TD	HARNISH, STEVE	2815 SW 25 ST #2	MIAMI FL 33133
		700024013167 10/22/03--01048--008 **236.25	

8. Name and Address of Current Registered Agent

HARNISH, STEVE
2815 SW 25 ST #2
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name: CLAIRE ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 3063 CENTER ST
Suite, Apt. #, Etc.:
City: COCONUT GROVE State: FL Zip Code: 33133

CR2E040 (7/03)

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: Claire Anderson Date: 10/13/03
REGISTERED AGENT MUST SIGN

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: X Steve Harnish STEVE HARNISH 10/13/03 305 448 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #