

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 24 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **257697**

1. Corporation Name

SOUTH MIAMI CORPORATION

Principal Place of Business

5750 SUNSET DRIVE
P. O. BOX 1000
MIAMI FL 33143

Mailing Address

5750 SUNSET DRIVE
P. O. BOX 1000
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1962

5. FEI Number

36-6054632

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
D	SCRANTON, KENNETH E.	134 N. LASALLE ST. #1918	CHICAGO IL
AST	KRCH, C	680 N. LAKE SHORE	CHICAGO IL
CD	WIRTZ, WILLIAM W	680 N. LAKE SHORE DR.	CHICAGO, ILL 00000
V	ROCKWELL, WIRTZ W	680 N. LAKE SHORE DR.	CHICAGO IL
AST	MOHLER, MAX	680 N. LAKE SHORE DR.	CHICAGO IL

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

REINSTATEMENT



200024075162
10/24/03--01017--025 **150.00

03

SOUTH MIAMI CORPORATION

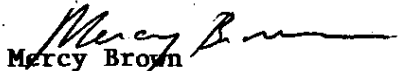
October 17, 2003

To whom it may concern:

We are very sorry

In regards of this annual report we never got this form, only now.

Sincerely yours,


Mercy Brown
Bookkeeper