

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700021

1. Corporation Name

MIAMI MONTHLY MEETING OF FRIENDS, INC

REINSTATEMENT 00-04

100031763191
04/05/04--01007--002 **490.00

2. Principal Office Address

4900 SW 118 Ave

3. Mailing Office Address

8327 NW 8 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B4

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Dade

Zip

33126

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1959

5. FEI Number

592173379

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

Jose Borrego

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

8327 NW 8 St

Suite, Apt. #, Etc.

B4

City

Miami

State
FL

Zip Code

33126

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 03/15/2004

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	Elisa Catala	630 E 32 St	Hialeah, FL 33013
S	Adis Tamayo	12840 SW 72 Terr	Miami, FL 33183
T	Ilma Morell-Manduley	9371 Fountainebleau Blvd	Miami, FL 33172
D	Luis Guirola	13242 SW 138 Terr	Miami, FL 33186
VT	Alexis Batista	5754 Coral Way	Miami, FL 33155

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:

Elisa Catala Elisa Catala

03/18/2004

305-691-3712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #