

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700407

1. Corporation Name

NORTHSIDE SHOPPING CENTER MERCHANTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7331 CORAL WAY
SUITE 250
MIAMI FL 33155

7331 CORAL WAY
SUITE 250
MIAMI FL 33155

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/08/1990

5. FEI Number

59-0912219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	NASH, MARTIN P	7331 CORAL WAY, STE 250	MIAMI FL
VD	ROBINSON, JAMES	149 NORTH COURT	MIAMI FL
DP	STEVENSON, DON	149 WEST PLAZA	MIAMI FL

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-11/22/96-01027-007
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JB 11-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NASH, MARTIN P, CMD
7331 CORAL WAY
SUITE 250
MIAMI FL 33155

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.

Signature of Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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] MARTIN P. NASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #