

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 701259

1. Corporation Name

Metropolitan Miami Flower Show, Inc.

Principal Place of Business

55 S.W. 17 Road
Miami, FL 33129

Mailing Address

c/o F.M. McGinnis
6310 SW 28 St
Miami, FL 33155

FILED

98 MAR 30 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600002477026--9

-04/02/98--01079--003

****297.50 ****297.50

REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1950	
City & State		City & State		5. FEI Number	
Zip		Country		59-6057247	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D Pres.	Carol Johnson	7900 S.W. 97 Terr.	Miami, FL 33156
D 1st Vice	Josette D. Herzeca	2505 Granada Blvd	Coral Gables, FL 33134
D 2nd Vice	Bernice Bing	11297 S.W. 172 St	Miami, FL 33157
D Rec. Sec.	Jane Lusk-Smith	350 West Enid Dr.	Key Biscayne, FL 33149
D Treas	Florence M. McGinnis	6310 S.W. 28 St	Miami, FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Carol Johnson
Street Address (P.O. Box Number is Not Acceptable)
7900 SW 97 Terr
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33156

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
Carol M. Johnson
REGISTERED AGENT MUST SIGN

Date
3/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: Florence M. McGinnis Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3/16/98

Daytime Phone #