

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 # 704407

1. Corporation Name

DADELAND MERCHANTS ASSOCIATION, INC.

Principal Place of Business

**7535 DADELAND MALL
MIAMI FL 33156**

Mailing Address

**7535 DADELAND MALL
MIAMI FL 33156**

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

4. Date Incorporated or Qualified To Do Business in Florida

08/13/1962

5. FEI Number

52-0781393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	STERNBERG, HAROLD	7535 DADELAND MALL	MIAMI FL
DV	CAPUTO, MARY	7535 DADELAND MALL	MIAMI FL
T	VENTURA, ENRIQUE	7535 DADELAND MALL	MIAMI FL
S	MENDELSON, MEL	7535 DADELAND MALL	MIAMI FL
EO	KREITMAN, HOWARD	7535 DAELAND MALL	MIAMI FL
			300002003633--8 -11/13/96--01176--014 ****236.25 ****236.25

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 **STEPHEN V. HOFFMAN, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
MASTRIANA CHRISTIANSEN, P.A.
Suite, Apt. #, Etc.
2750 N. FEDERAL HIGHWAY
City **FORT LAUDERDALE** State **FL** Zip Code **33306**

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

Date **11/5/96**

REGISTERED AGENT MUST SIGN

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:

E. Ventura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/96
Date

Daytime Phone #

CR20240 (7/96)