

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704866

1. Corporation Name

THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, INC.

Principal Place of Business

Mailing Address

300 NE 2ND AVE
ROOM 1412
MIAMI FL 33132
US

300 NE 2ND AVE
ROOM 1602
MIAMI FL 33136
US

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

05/20/1959

5. FEI Number

59-6153212

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
P	BAKERS, P TYRONE ROSA O'NEILL	11900 N W 27TH AVENUE 7581 SW 159 PL	MIAMI FL
V	SARKA, RICHARD	12305 SW 255TH TERR	MIAMI FL
PP	MILLER, ALEXANDER	255 GALEN DRIVE	KEY BISCAYNE FL
SD SD	DAVIS, GONNIE YOLANDA WOODBRIDGE	2347 N W 84TH 8700 SW 133 AVE ROAD #49	MIAMI FL 93184 33183
TD	CASTAIGNE, MARIA	55 S W 31ST RD	MIAMI FL
TD	NICHOLS, CHARLIE	8100 S W 151ST ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROVIN, GARY B.
9400 S. DADELAND BLVD., #400
MIAMI FL 33156

Name

GARY B. ROVIN

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

9350 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

P H-2 500003582825--5

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

Gary B. Rovin

REGISTERED AGENT MUST SIGN

Date

12/22/2000

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:

Charlie F. Nichols

CHARLIE F. NICHOLS

1-16-2001 305-251-7087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)