

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708904

1. Corporation Name

FLAGAMI KHOURY LEAGUE ASSOCIATION, INC.

Principal Place of Business

7200 CORAL WAY
PO BOX 440534
MIAMI FL 33144

Mailing Address

P.O. BOX 440534
MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1965

5. FEI Number

65-0293655

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
PD	GARCIA, JULIO DELETE	735 SW 98 PL CIR.	MIAMI FL 33174
S	RODRIGUEZ, MARIA DELETE	6241 SW 20 ST.	MIAMI FL 33155
PD	MONJE, JORGE	1801 S.W. 63 RD AVE.	Miami, FL 33155
SD	MONJE, JORGE	1801 S.W. 63 RD AVE.	Miami, FL 33155
TS	MONJE, JORGE	1801 S.W. 63 RD AVE.	Miami, FL 33155

8. Name and Address of Current Registered Agent

MARTIN, LORENA
7913 SW 157TH PLAVE
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name JORGE MONJE
Street Address (P.O. Box Number is Not Acceptable)
1801 S.W. 63RD AVENUE
Suite, Apt. #, Etc.
MIAMI
City
State FL Zip Code 33155

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (7/03)