

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 13 PH 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 716039**

**1. Corporation Name**

MIDWAY MALL MERCHANTS ASSOCIATION, INC.

**2. Principal Office Address**

7827-B W. FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

USA

**3. Mailing Office Address**

7827-B W. FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

USA

**4. Date incorporated or Qualified  
To Do Business in Florida**

02/11/1969

**5. FEI Number**

59-1348124

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MALL OF THE AMERICAS (NEW)

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

7827-B W. FLAGLER ST.

Suite, Apt. #, Etc.

City

MIAMI

State  
**FL**

Zip Code

33144

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/7/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LOQUORI, GLENN	7795 W. FLAGLER ST. #57A	MIAMI, FL 33144
DV	CERVANTE, MARIO	7795 W. FLAGLER ST. #53	MIAMI, FL 33144
D	SAUNDERS, JOSEPH (NEW)	7827-B W. FLAGLER ST.	MIAMI, FL 33144

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-261-8773 ext 17.

CR2E081 (9/01)