

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 716722

1. Corporation Name

OPPORTUNITIES INDUSTRIALIZATION CENTER OF DADE C  
OUNTY, INC.

Principal Place of Business

4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137  
US

Mailing Address

4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137  
US

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

06/12/1969

5. FEI Number

59-1268282

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	MACCRARY, JESSE J JR	2800 BISCAYNE BLVD., STE 800	MIAMI FL 33137
S	BLACK, ELAINE H	6255 NW 7TH AVENUE	MIAMI FL 33150
D	AYERS, GEORGIA J	2475 NW 111TH STREET	MIAMI FL 33137
D	ELLIS, GEORGE W DR.	1055 NW 52ND STREET	MIAMI FL 33127
D	CAMPBELL, JAMES	4664 SW 27TH PLACE	MIAMI FL 33175
D	BUSH, JAMES III	3000 BISCAYNE BLVD., STE 412	MIAMI FL 33137

8. Name and Address of Current Registered Agent

FERGUSON, VALARIE IVORY  
4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200004704932--3

12/05/01-01002-007

\*\*\*\*245.00 \*\*\*\*245.00

State Zip Code  
FL

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

Valarie Ivory  
REGISTERED AGENT MUST SIGN

Date

9/25/01

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:

Valarie Ivory  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/01