PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 12 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719253**

1. Corporation Name

THE MODEL CITY DEVELOPMENT CORPORATION OF DADE COUNTY, INCORPORATED

Principal Place of Business	Mailing Address
2091 NW 141 ST. MIAMI FL 33054	2091 NW 141 ST. MIAMI FL 33054

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: 09/02/1970

5. FEI Number: 59-1346274 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
TD	DWIGHT, HERMIE	3065 NW 48 TER	MIAMI FL 33142
ASD	WALKER, BETTY D.	%2160 NW 79TH ST.	MIAMI FL
D	OKINMAH, ANTHONY	20613 NW 15 AVE.	MIAMI FL
DMD	WILLIAMS, JOSEPH	2308 NW 102 ST.	MIAMI FL 33147

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REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

WALKER,BETTY D.
2308 NW 102ND STREET
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: Betty D Walker REQUIRED
REGISTERED AGENT MUST SIGN
Date: 12/9/96

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: Betty D Walker REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/9/96
Daytime Phone #: 305-892-1455

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