

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

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

DOCUMENT # 719701

1. Corporation Name

SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE ORGANIZATION, INCORPORATED

Principal Place of Business Mailing Address

13325 ARCH CREEK RD
N. MIAMI FL 33181
US

13331 NW 1ST AVE
MIAMI FL 33168
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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	1350 N.E. 191 ST APT. 307	11/17/1970
City & State	City & State No. Miami Beach	5. FEI Number
Zip	Zip 33179	59-6507340
Country	Country U.S.	Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RHICKA, EMILIE M. MILDRED URBAN, MILDRED	1225 NE 134TH ST APT 20C 1350 N.E. 191 ST. #307	N. MIAMI FL NO MIAMI Beach, FL 33179
S	ZRALY, BLANCHE	532 BRIARWOOD	HOLLYWOOD FL
D	STURDIK, LILLIAN B. VOREL, MILDRED	2036 SHARON ST 13331 NW 1ST AVE	BOCA RATON FL MIAMI, FL 33168
VD	HERTL, JOHN	1629 W 62ND ST	HALEAH FL
T	THOMPSON, JITKA	1401 NE 191 ST #201	N MIAMI BEACH FL
D	SZITA, BLANCH	20100 W. COUNTRY CLUB DR. #204	AVENTURA FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VOREL, MILDRED 13331 NW 3ST AVE - WRONG DIGIT MIAMI FL 33168 13331 NW 1ST AVE	Name MILDRED M. URBAN Street Address (P.O. Box Number is Not Acceptable) 1350 N.E. 191 ST. #307 Suite, Apt. #, Etc. APT. 307 City No. MIAMI Beach State FL Zip Code 33179

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 *Mildred M. Urban*

REGISTERED AGENT MUST SIGN

700004744947-8
-12/31/01-01056-019
*****70.00 *****70.00
Date 10/24/01

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: *Mildred M. Urban*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01 305-945-2821

Date Daytime Phone #