

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 NOV 20 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 719937

1. Corporation Name

MIAMI CITY MISSION, INC.

Principal Place of Business

Mailing Address

1112 N MIAMI AVENUE
MIAMI FL 33238

1112 N MIAMI AVENUE
MIAMI FL 33238



REINSTATEMENT

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.		Suite, Apt. #, etc.		12/28/1970	
City & State		City & State		5. FEI Number	
Zip		Country		59-1403788	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	ASH, MCKINLEY	1112 N MIAMI AVENUE	MIAMI FL 33238
VPD	DALY, MICHAEL	191 N.E. 75TH ST., APT. 601	MIAMI FL
VPD	OLHOEFT, LEILANI DANIEL WEBER	1112 N MIAMI AVENUE 1900 SAN SOUZA BLVD APT. 416	MIAMI FL 33238 NORTE MIAMI, FL 33181
VPD	MALLOY, MATT	3120 OAKLAND SHORE DR., D211	FT. LAUDERDALE FL 33309

200003497172-9
-12/12/00--01063--024
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASH MCKINLEY 1112 N. MIAMI AVE. MIAMI FL 33136	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State 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 *[Signature]* Date 11/16/2000
REGISTERED AGENT MUST SIGN

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]* Date 11/16/2000 Daytime Phone # KE