

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 719937

1. Corporation Name

MIAMI CITY MISSION, INC.

Principal Place of Business

1112 N MIAMI AVENUE
MIAMI FL 33238

Mailing Address

1112 N MIAMI AVENUE
MIAMI FL 33238

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

12/28/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1403788

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	ASH, MCKINLEY	1112 N MIAMI AVENUE	MIAMI FL 33238
VPD	DALY, MICHAEL	191 N.E. 75TH ST., APT. 601	MIAMI FL
VPD	OLHOEF, LEILANI DANIEL WEBER	1112 N MIAMI AVENUE 1900 SAN SOUVEI BLVD APT. 416	MIAMI FL 33238 NORTH 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	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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/16/2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2000
Date

Daytime Phone #

KE