PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720138

1. Corporation Name

THE ORANGE BOWL COMMITTEE, INC.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR. STE 206 MIAMI FL 33131	601 BRICKELL KEY DR. STE 206 MIAMI FL 33131

REINSTATEMENT 2000

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: 01/28/1971

5. FEI Number: 59-0384382 ☐ 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
VD	CUETO, ALFONSO A	601 BRICKELL KEY DRIVE, STE 206	MIAMI FL 33131
~~P~~	~~JONES, EDGAR C~~	~~601 BRICKELL KEY DRIVE, STE 206~~ 601 BRICKELL KEY DRIVE, STE 206	~~MIAMI FL 33131~~ MIAMI, FL 33131
~~VD~~ P	HUDSON, SHERRILL W	100 SE 2ND ST SUITE 2500	MIAMI FL 33131
TD	~~MYERS, WILLIAM R~~ MIGOYA, CARLOS	~~701 BRICKELL AVE 33RD FL~~ 601 BRICKELL KEY DR. SUITE 206	~~MIAMI FL 33131~~ MIAMI, FL 33131
SD	DOTSON, ALBERT E , JR.	601 BRICKELL KEY DRIVE, STE 206	MIAMI FL 33131
VD	NORTON, SUSAN POTTER	121 MAJORCA AVE	CORAL GABLES FL 33134 LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TRIBBLE, KEITH 601 BRICKELL KEY DR, STE 206 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 200003474872--1 -11/27/00--01001--020 City ****236. State FL Zip Code ****236.25

CR2E040 (8/00)

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 REQUIRED Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034739 AP