

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723679

1. Corporation Name

MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

Mailing Address

7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1972

5. FEI Number

65-0240302

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
VD	TANTLEFF, DANIEL S	655 96TH ST	BAL HARBOUR FL 33154
PD	R.S. SHIVER	404 W. PALM AVE.	FLORIDA CITY FL
V/D	REBECA SOSA	901 S.W. 62ND AVE.	WEST MIAMI FL
SD	RASCO, JOE I	85 W MCINTYRE ST	KEY BISCAYNE FL 33149
T/D	ROBAINA, JULIO	501 PALM AVENUE	HIALEAH FL
TD	RUSSELL, MARY SCOTT	6130 SUNSET DR	SOUTH MIAMI FL 39143

8. Name and Address of Current Registered Agent

PAVLOV, MARINA
7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/14/02

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

10/15/02

Daytime Phone #

CR2040 (8/02)