

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 25 PM 3:32

DOCUMENT # 743868

1. Corporation Name
 MISS WHEELCHAIN FLORIDA PAGEANT, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

800 S.E. 2 AVE

FORT LAUDERDALE, FL. 33316

SAME

700002279127--4

-08/27/97--01115--005

*****297.50 *****297.50

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.		5. FEI Number	
City & State		City & State		592098136	
Zip		Country		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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Lisa Muscarella	800 S.E. 2 Avenue	FL. Lauderdale, FL 33316
D/V.P	Rich Ruggieri	8100 N.W. 72 AVE	TAMARAC, FL. 33321
D/T	Dona Rivers	1831 N.W. 1 st Terr.	Pompano Bch. FL 33060
D/S	Kimberly Pate	5010 Lighthouse Cir. Apt C	Coconut Creek, FL 33063

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
 LISA MUSCARELLA
 Street Address (P.O. Box Number is Not Acceptable)
 800 S.E. 2 AVE
 Suite, Apt. #, Etc.

City
 FORT LAUDERDALE
 State
 FL
 Zip Code
 33316

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 *Lisa Muscarella*
 REGISTERED AGENT MUST SIGN

Date Aug 19, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: *Lisa Muscarella*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Aug. 19, 1997 (954) 467-7049
 Daytime Phone #

CR2E040 (12/96)