

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 743936

1. Corporation Name

ST. PATRICK'S DAY PARADE COMMITTEE, INC.

Principal Place of Business

Mailing Address

401 NE 107TH ST
MIAMI FL 33161
US

P.O. BOX 531303
MIAMI SHORES FL 33153
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1978

5. FEI Number

59-1862399

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
DS	NOLAN, FRANK CAMERON, BILLY	851 N.E. 70TH ST. 1100 SW 35th Terr	BOCA RATON FL MIAMI
VD	SHELOW, DANNY	555 N.E. 75TH ST.	MIAMI FL
VD	MEYER, ROBERT	207 ALHAMRA CIRCLE #1102	CORAL GABLES FL
P	CHARLTON, JAMES P. JONES, GERARD	7520 S.W. 136TH ST. 8205 S.W. 140th Ave	MIAMI FL
D	GONNELL, TOM VALERIANI, NICHOLAS P	657 NE 70TH ST 3515 East Glencoe St	BOCA RATON FL MIAMI, FL
DT	KANE, JOHN	10441 S.W. 99TH ST.	MIAMI FL

8. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P.
1098 BISCAYNE BLVD #205
MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

200002380442-8

Street Address (P.O. Box Number is Not Acceptable)

12/30/97-01058-011
***236.25 ***236.25

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

REGISTERED AGENT MUST SIGN

Date 12/15/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(j), 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:

Gerard Jones
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 944-8400

CR2E040 (8/97)