

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746844**

1. Corporation Name

MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.

Principal Place of Business

~~3430 WILLIAM AVE.~~ **4716 Brooker St.**
P O BOX 330052
MIAMI FL 33133

Mailing Address

~~3430 WILLIAM AVE.~~ **4716 Brooker St.**
P O BOX 330052
MIAMI FL 33133



FILED

03 MAR -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04/23/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1916996

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
PD CD	LEE, DOROTHY P	3459 PERCIVAL AVE	MIAMI FL
D TD	SANDS, ERNEST M BAKER, ANNIE B.	8881 S.W. 63RD CT 3802 OAK AVE	MIAMI FL
ED VP D	ROLLE, FRANKIE S Mitchell, Melodie	3430 WILLIAM AVE. 4716 Brooker St.	MIAMI FL
VPD SD	JENNINGS, MILES C. JR. BAKER, LEONA C.	3471 OAK AVE. 201 Washington DR	MIAMI FL
TD PD	JACKMAN, MARSHA E	18480 SW 77TH COURT	MIAMI FL 33157
			400012599574 02/17/03--01081--004 **E1 25 236.25

8. Name and Address of Current Registered Agent

LEE, DOROTHY P.
3459 PERCIVAL AVENUE
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

400012599574

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

03/05/03--01031--001 ****E1 25**

Suite, Apt.

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

Dorothy Lee
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **2/14/03**

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:

Annie B. Baker
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Baker**

Date

2/14/03

Daytime Phone #

305-444-1482