

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **748725**

1. Corporation Name

PRIVATE INDUSTRY COUNCIL OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

**7900 NE 2ND AVE 2ND FLOOR
STE 603
MIAMI FL 33138**

**7900 NE 2ND AVE 2ND FLOOR
STE 603
MIAMI FL 33138**

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

08/30/1979

5. FEI Number

59-1950230

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
D	DELOACH, SCOTT W	2001 NW 107TH AVE	MIAMI FL 33172
D	ROBINSON, NEILL D	7900 NE 2ND AVE 6TH FLOOR	MIAMI FL 33138
C	CHAVIES, MICHAEL	175 NW 1ST AVE, RM 2227	MIAMI FL 33128
D	Alvin West	701 Brickell Avenue	Miami, FL 33131
D	Jacqueline Maestri	14201 NW 60th Avenue	Miami, FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEILL D ROBINSON

7900 NE SECOND AVE, 6TH FL

STE. #1100

MIAMI FL 33138

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33138

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]
NOT RE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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]
NOT RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neill D. Robinson

10/18/01

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 AM 11:34

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REINSTATEMENT

CR25040 (8/01)