

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 26 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 749422

1. Corporation Name

The Miami Forum, Inc.

**MAD**

**REINSTATEMENT** 2003-04

2. Principal Office Address

10300 SW 70 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

c/o A. Danziger

Suite, Apt. #, etc.

Same

City & State

Miami, FL

City & State

Same

Zip

33156

Country

USA

Zip

Same

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/79

5. FEI Number

59-1969769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Alix Danziger

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

10300 SW 70 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

600023201786

04/27/04--01045--016--\*\*\$7.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Alix Danziger

REGISTERED AGENT MUST SIGN

Date April 12, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Elizabeth J. McClaskey	14402 SW 68 Court	Miami FL 33158
T	Alix Danziger	10300 SW 70 Ave.	Miami FL 33156
V	Mary Margaret Schneider Roen	4130 Reynolds Ave.	Coconut Grove FL 33133

600023201786

09/22/03--01010--011--\*\*\$5.00

10. 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:

Elizabeth J. McClaskey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

305.577-7387

Daytime Phone #

CP2E081 (01/04)