


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

97 MAY -2 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750879

1. Corporation Name

INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

7100 NW 12TH ST
SUITE 109
MIAMI FL 33126
US

7100 NW 12TH ST
SUITE 109
MIAMI FL 33126
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 90-97

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1980

5. FEI Number

59-1988078

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)

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
PO	KRENZ, GINGER Y	8250 NW 27TH ST SUITE 309	MIAMI FL
VPO	GIBSON, O FORD	2 ALHAMBRA PLAZA PH II	CORAL GABLES FL
JB	SIGERMAN, MICHAEL	5761 NW 37TH AVE	MIAMI FL
SD VPO	ARCE, LORENZO E	10598 NW SOUTH RIVER DR	MIAMI FL
TD	COLANGIARO, DEBBIE	7100 NW 12TH ST #109 MIAMI, FL 33126	MIAMI, FL 33126
SD	J. LADD ADWELL	7100 NW 12TH ST	MIAMI, FL 33126

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, PAUL J
7550 NW 51ST TERRACE
POMPANO BEACH FL 33073

Name

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

Suite, Apt. #, Etc.

City

000002173130--2

-05/09/97-01083--003

****297.50

FL

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

Paul J. Gomez

REGISTERED AGENT MUST SIGN

Date

4/30/97

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:

Paul J. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/97

Daytime Phone #

(305) 639-9970

CR2040 (7/96)