

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 23 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

756686

MIAMI CHAMBER SYMPHONY, INC.

2. Principal Office Address

5690 NORTH KENDALL DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/09/1981

5. FEI Number

59-2220937

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

MICHAEL C. ALEXANDER

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

118 CAMDEN DRIVE

Suite, Apt. #, Etc.

City

BAR HARBOUR

State

FL

Zip Code

33154-1329

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

*Michael C. Alexander*

REGISTERED AGENT MUST SIGN

Date

*May 13, 2002*

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/T/D	MICHAEL C. ALEXANDER	118 CAMDEN DRIVE	BAL HARBOUR FL 33154-1329
V/D	PATRICK R. SULLIVAN	2140 SECOFFEE ST. # 4	COCONUT GROVE, FL 33133
S/D	BURTON DINES	3535 HIAWATHA AVE.#C-219	COCONUT GROVE, FL 33133
V/D	NORRIS SIERT	255 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134

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:

*Burton Dines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/2002

Date

(305) 858-3500

Daytime Phone #

CR2E081 (9/00)