

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

05 MAR 11 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756686

1. Corporation Name

MIAMI CHAMBER SYMPHONY, INC.

2. Principal Office Address

5690 NORTH KENDALL DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

REINSTATEMENT *B-55*
0305

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/81 *JK*

5. FEI Number

59-2220937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BURTON DINES

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

11309 SW 112 CIRCLE LANE EAST

Suite, Apt. #, Etc.

800048847738

03/22/05--01026--021 **192.5

City

MIAMI

State

FL

Zip Code

33176

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

Burton Dines

REGISTERED AGENT MUST SIGN

Date 12/13/2004

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	PATRICK R. SULLIVAN D	1825 PONCE DE LEON ^{BLVD} CORAL GABLES, FL 33134	
VP	NORRIS SIERT D	255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
TISM	BURTON DINES D	11309 SW 112 CIRCLE LANE EAST MIAMI, FL 33176	

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

BURTON DINES 12/13/04

Date

305-799-8896

Daytime Phone #

CR2E081 (9/01)