

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# 759840

Entity Name: GREATER MIAMI HOST COMMITTEE, INC.

**Current Principal Place of Business:**

701 BRICKELL AVE  
SUITE 2700  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVE  
SUITE 2700  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 59-2157172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DOZIER, CORNELIA  
701 BRICKELL AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORNELIA DOZIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CE ( ) Delete  
Name: TRAINER, MONTY  
Address: 2560 S BAYSHORE DR.  
City-St-Zip: COCONUT GROVE, FL

Title: ED ( ) Delete  
Name: DOZIER, CORNELIA  
Address: 701 BRICKELL AVE SUITE 2700  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: KENNEDY, ROSARIO  
Address: 2645 S. BAYSHORE DR #2002  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIA DOZIER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ED

04/22/2009

\_\_\_\_\_  
Date