

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY 27 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762509

1. Corporation Name

The Miami Shores Mayor's Community Task Force, Inc.

Principal Place of Business

Mailing Address

P.O. Box 531512  
Miami Shores, FL 33153

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 93-97**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

03-19-82

5. FEI Number

59-2210193

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
Chair Person	Donna Baxter	10626 NE 10th Court	Miami Shores, FL 33138
Vice Chair Person	Robin Pyke	9343 NE 9th Place	Miami Shores, FL 33138
Treas	Thomas Longman	11098 Biscayne Blvd. Suite 205	Miami, FL 33161
Sec'y	Jeanne Raffa	1515 NE 105th Street	Miami Shores, FL 33138

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8. Name and Address of Current Registered Agent

Steven J. Johnson  
145 NE 95th Street  
Miami Shores, FL 33138

9. Name and Address of New Registered Agent

Name: Mary Ross Agosta  
Street Address (P.O. Box Number is Not Acceptable): 200 Grand Concourse  
Suite, Apt. #, Etc.:  
City: Miami Shores State: FL Zip Code: 33138

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

*Mary Ross Agosta*  
REGISTERED AGENT MUST SIGN

Date

*May 3, 1997*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Donna Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/3/97*  
Date

*(305) 893-3638*  
Daytime Phone #

CR2E040 (1/2/95)