

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR ⁹⁶
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J55480**

1. Corporation Name

THE MIAMI BEACH INTERNATIONAL HOSTEL, INCORPORATED

Principal Place of Business

Mailing Address

% LINDA POLANSKY
1438 WASHINGTON AVE
MIAMI BEACH FL 33139-4110

% LINDA POLANSKY
1438 WASHINGTON AVE
MIAMI BEACH FL 33139-4110

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0186860

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	POLANSKY, LINDA	1438 WASHINGTON AVE	MIAMI BEACH FL

300002004489--8
-11/14/96--01050--008
****375.00 ****375.00

REINSTATEMENT 1/996

A. Alan
11-12-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLANSKY, LINDA
148 WASHINGTON AVE
MIAMI BEACH FL 33139

Name

LINDA POLANSKY

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

1438 WASHINGTON AVE

Suite, Apt. #, Etc.

City

MIAMI BEACH FL

State

FL

Zip Code

33139

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

Linda Polansky
REGISTERED AGENT MUST SIGN

Date

9/17/96

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:

Linda Polansky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/96 (305)
673-2200
Date Daytime Phone