

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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, file through nearest information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	POLANSKY, LINDA	1438 WASHINGTON AVE	MIAMI BEACH FL 900002847889--0 -04/22/99--01089--014 ****750.00 ****750.00
			900002847889--0 -04/22/99--01089--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

POLANSKY, LINDA  
1438 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL Zip Code

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

3/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(j) 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

Date

3/12/99 (305) 6730112  
Daytime Phone #

FILED

99 APR 13 PM 12:59

STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99  
2/12/99

4. Date Incorporated or Qualified To Do Business in Florida

02/02/1987

5. FEI Number

65-0186860

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E04C (9-98)