

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 12 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K45786

1 Corporation Name  
Institute of ~~Business~~ Miami Inc

Principal Place of Business Mailing Address  
4201 North Andrews  
Ave OAKLAND PARK FLA  
33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-16-88	
Suite, Apt. # etc		Suite, Apt. #, etc		5. FEI Number 65-0091806	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status.</small>	

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
DP	JEAN R. ELIASSAINT	900 NE 89 ST	MIAMI FL 33138
D	Tina Pierre	14735 NW 10th	MIAMI FL 33168
D	Camille Exantus	900 NE 89 ST	MIAMI FL 33138

REINSTATEMENT 1996

1995-  
1996  
a. Allen  
12/12/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JEAN R. ELIASSAINT 900 NE 89 STREET MIAMI FL 33138		Name: Same Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 000002031740--0 City: ***1551-FL ***583.75	

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: [Signature] Date: 12-12-96

REGISTERED AGENT MUST SIGN

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: [Signature] ELIASSAINT JEAN REYNOLDS 12.12.96 8051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7560751

CR2040 (12/95)