

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 11 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000001300*

1. Corporation Name *MIAMI ORG OF GAY + LESBIAN CHAMBER OF
COMMERCE
4500 BISCAYNE BLVD #300
MIAMI, FL 33137*

2. Principal Office Address
4500 BISCAYNE BLVD

Suite, Apt. #, etc.
#300

City & State
MIAMI, FL

Zip Country
33137 MIAMI-ORGE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

10/29/02 0113 013 6/25
400013907294
*03/11/03--01011--004 **245.00*

4. Date Incorporated or Qualified
To Do Business in Florida *2/28/2000*

5. FEI Number *65-0997245*
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NELSON SABBAGH, CPA

Street Address (P.O. Box Number is Not Acceptable)
10660 S.W 82 AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL *33156*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *3/2/03*
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres-Director</i>	<i>RAFAEL ARMADA</i>	<i>255 ALHAMBRA CIRCLE SUITE 200</i>	<i>CORAL GABLES, FL 33139</i>
<i>SEC-Director</i>	<i>ANDREW KOERNER</i>	<i>100 S.E 2ND ST # SUITE 2330</i>	<i>MIAMI, FL 33131</i>
<i>Treas-Director</i>	<i>NELSON SABBAGA</i>	<i>10660 S.W 82 AVE</i>	<i>MIAMI, FL 33156</i>

APPOINTMENT 02-03-178

10. 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: *[Signature]* **RAFAEL ARMADA** Date *3/3/03* (305) 534-3336
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E081 (10/02)