

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 4:22

DOCUMENT # N00000004604

1. Corporation Name

Miami Mass Choir, Inc

2. Principal Office Address - No P.O. Box #

4630 SW 24 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Park, Florida

City & State

Florida

Zip 33023

Country

Broward

Zip

Country

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 2010

5. FEI Number

65-0572845

☐ 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

Lavonnie M. Stoney

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

4630 SW 24th Street

Suite, Apt. #, Etc

City

West Park

State

FL

Zip Code

33023

WI-34301

400183528114

08/09/10--01055--005 **\$1.25

400183528114

07/21/10--01027--004 **\$06.25

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

Lavonnie M. Stoney

REGISTERED AGENT MUST SIGN

Date

7/16/10

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
<u>D</u>	<u>Marc Cooper</u>	<u>4110 NW 185 Street</u>	<u>Miami Gardens, FL 33055</u>
<u>D</u>	<u>Joy Cooper</u>	<u>4110 NW 185 Street</u>	<u>Miami Gardens, FL 33055</u>
<u>D</u>	<u>Lavonnie Stoney</u>	<u>4630 SW 24 Street</u>	<u>West Park, FL 33023</u>

8/9/10
REINSTATEMENT

08-10

10. E-mail Address: Cooper temple min @ aol. com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Marc Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/10

Daytime Phone #

(305) 620-1557