PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
	RPORATION STATEMENT	FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATIONS	01	NOV 13 PM 5: 02®			
DOCUMENT # (\) 0000000 5 1 4 5				CRETARY OF STATE LAHASSEE, FLORIDA			
MIAMI BUSINESS FORUM							
1050 CANbbeAN WAY 105		3. 1000 Address 1050- CAN blocks Way	£ 9p				
venió vetra i	, Bit	Suite, Apt. W, 810.		porated or Qualified iness in Florida			
Aty & State	omi A 33132	City & State MIRMU, \$\(\) 33133		1112080			
39	3132 Country SQU	33132 Country	6. CERTIFICATI	Section 2015 Secti			
<u>-</u>		7. Name and Address of Current					
	Name CORP Direct ASENTS 000004690090-08						
	Street Address (P.O. Box Number is No. 10 3 No.	ou Acceptable)	T, laver	Level ******70.00 ******* 70.80			
	Suite, Apr. #, Etc.				·		
	CAY Tallahasse	e		State Zip Code 315	·		
3. I, being appointed the registered egent 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 o Registered	Agent	CAN WOLL		Dete	3		
. Names	and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must	list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address Officer and/or		City / State / Zip			
NR	Richard D. Fo	(in) 1050 CAribboon	way	Myami, 1/ 33132			
MS	Susan Potter- N	OSOTAM ISI MAJORO	a #300	Conal Cables 1 33134			
MR	the Lacher	0 150 W. Flagle	r#1901	Miami, U 33130			
NR	Mario Arter			Mimi, U 33155			
•			,	7 6			
IQ. 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 flor/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 each.							
	1/1 / /\\ 1/1 /	MMG 1/4-01	TCA NAR 1	1 1 1 . n . rm /m			

	NTS, INC. (formerly CCRS) FREET, LOWER LEVEL 32301		
FILING COVER'S ACCT. #FCA-14	SHEET		
CONTACT:	CINDY HICKS		
DATE:	11-13-01 DDAILL 3199		
REF. #:	Mich 2:00	Too	
CORP. NAME: () ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC	() TRADEMARK/SERVICE MARK	() ARTICLES OF DISSOLUTION NAME OF THE PROPERTY OF THE PROPER	RECE
() CERTIFICATE OF C. () OTHER:	() MERGER ANCELLATION () UCC-1	() WITHDRAWAL. FLORIDA () UCC-3	CEIVED
	ON FOR ACCOUNT IF TO BE DEBIT	FOR \$	
PLEASE RETUR () CERTIFIED COPY (CERTIFICATE OF	() CERTIFICATE OF GOOD STANDING	(PLAIN STAMPEI) СОРҮ

Examiner's Initials



MIAMI BUSINESS FORUM

150 West Flagler Street

18th Floor

Miami FL 33130

p: 305.347.5436

f: 305.371.8448

October 31, 2001

Florida Department of State Division of Corporations Po Box 6327 Tallahassee, Fl 32314

Re: Miami Business Forum

Dear Department of Corporations:

As per my conversation today with your division, I am enclosing a completed application form as well as a check in the amount of \$70.00 for the reinstatement of the Miami Business Forum (Document number 00000005145). The additional \$8.25 is for a certificate of status.

My predecessor, Barbara Singer, contacted your division on several occasions to inquire about the status of our annul report package being sent to us. As we never received the package, we did not file and as such, need to reinstate our non-profit corporate status. As per our verbal communication, we are requesting a waiver of penalty fees and would like to be reinstated as per our request.

Thank you for your attention to this matter, please notify me if there are any problems with our request. I wait to either hear from you or to receive our status certificate, as per our payment.

Mario J. Artecona Executive Director gh-

RECEIVED