

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # N00000006542

1. Corporation Name

GREATER MIAMI COMMUNITY SERVICES, INC.

Principal Place of Business

410 E 24 ST  
HIALEAH FL 33013

Mailing Address

C/O JOANNE R. URQUIOLA, P.A.  
150 ALHAMBRA CIRCLE, SUITE 1270  
CORAL GABLES FL 33134

400009346424  
12/04/02--01034--012 \*\*236, 25



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/02/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1043817	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
D	GODINEZ, ARTURO	150 ALHAMBRA CIRCLE SUITE 1270	CORAL GABLES FL 33134
<del>D</del>	<del>PENA, OVIDIO</del>	<del>150 ALHAMBRA CIRCLE SUITE 1270</del>	<del>CORAL GABLES FL 33134</del>
D	COBO, ARTURO	150 ALHAMBRA CIRCLE SUITE 1270	CORAL GABLES FL 33134
D	Judith Godinez	150 Alhambra Cir Suite 1270	Coral Gables FL 33134

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
URQUIOLA, JOANNE R 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/7/02

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/07/02 (305) 4917300 Daytime Phone #

CR2E040 (8/02)

11/07/02