

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00623

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** THE GREATER NORTH MIAMI CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

13100 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 331614131

**New Principal Place of Business:**

**Current Mailing Address:**

13100 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 331614131

**New Mailing Address:**

**FEI Number:** 59-0642080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DOROTHY D VALENTINE  
13100 W DIXIE HWY  
NORTH MIAMI, FL 33161      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOROTHY D VALENTINE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CLEMENTS, KATHY  
Address: 12700 BISCAYNE BLVD  
City-St-Zip: NORTH MIAMI, FL 33181

Title: 1VC  
Name: STAHL, MICHAEL  
Address: 1150 N.E. 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: 2VC  
Name: BURNEY, DAVID  
Address: 1500 W CYPRESS CREEK RD #503  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: T  
Name: GALPERN, JOEL G  
Address: 10167 W SUNRISE BLVD 3RD FL  
City-St-Zip: PLANTATION, FL 33322

Title: S  
Name: PRADA, TONY  
Address: 5725 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: IPC  
Name: BURNS, KEVIN  
Address: 2065 ALAMANDA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL GALPERN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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03/17/2010

\_\_\_\_\_  
Date