

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -2 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002230**

1. Corporation Name

7-No Club of Miami, Inc.

2. Principal Office Address

1120 Hollywood Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

1120 Hollywood Blvd
Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Hollywood, Florida

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

651090929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-06

7. Name and Address of Current Registered Agent

Name

Lawrence J. Hill

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

1120 Hollywood Blvd

Suite, Apt. #, Etc.

City

Hollywood, Florida

State
FL

Zip Code

33019

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

Lawrence J. Hill

REGISTERED AGENT MUST SIGN

Date **12-19-2006**

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
DP	Ricky Kindred (President)	4925 NW 2nd Place Plantation, FL 33317	Plantation, FL 33317
DT	Debra Myers (Treasurer)	1045 NW 128th Terrace	North Miami, FL 33168
DFS	Karen Delaney (Financial Secretary)	12911 SW 147th Lane Rd	Miami, FL 33186
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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 contained in Chapter 119, 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:

Ricky D. Kindred
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-2006

Date

954-6838536

Daytime Phone #