

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000004639

1. Corporation Name

Miami Fly Girls, Inc.

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

770 N.W. 101 Terrace

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip
33324

Country

U.S.A.

3. Mailing Office Address

770 N.W. 101 Terrace

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip
33324

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Myrtle Malcolm

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

770 N.W. 101 Terrace

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Myrtle Malcolm
REGISTERED AGENT MUST SIGN

Date

9/29/08

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
Dir.	Myrtle Malcolm	770 N.W. 101 Terr. Plantation, FL 33324	Plantation, FL 33324
Dir.	Althea St. Laurent	601 Verona Place Weston, FL 33326	Weston, FL 33326
Dir.	Lucille Williams	770 N.W. 101 Terr.	Plantation, FL 33324

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:

Myrtle Malcolm (Myrtle Malcolm)
Rosa Malcolm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/08

Daytime Phone #

(476) 83-5179

FILED

08 OCT -6 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT
CR2E081 (10/08)

03-02

4. Date Incorporated or Qualified
To Do Business in Florida

7/02/2001

5. FEI Number

1051117914

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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