

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 19 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # **N02000002601**

1. Corporation Name

**Miami Chamber of Commerce Inc.**

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

**1121 Crandon Blvd**

Suite, Apt. #, etc.

**F1201**

City & State

**Key Biscayne**

Zip

**FI**

Country

**Adde**

**33149**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

**2003**

5. FEI Number

**510416099**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

**Carlos Garceran**

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

**1121 Crandon Blvd F1201**

Suite, Apt. #, Etc.

City

**Key Biscayne FI**

State

**FL**

Zip Code

**33149**

☒ 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.

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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date

**Dec 17, 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
D	<b>Carlos A. Garceran</b>	<b>1121 Crandon Blvd Key Biscayne FI 33149</b>	<b>Key Biscayne FI 33149</b>
D	<b>Hilda Garceran</b>	<b>4385 W. 12th Ave #C Hialeah</b>	<b>FI 33012</b>
D	<b>Julio Chen</b>	<b>14801 SW 141st Terr Miami</b>	<b>FI 33196</b>

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:

**[Signature]** **Carlos Garceran**

Date

**Dec 17, 08**

Daytime Phone #

**305-807  
2910**

**2012/22**