

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 21 PM 12:02  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2 years

DOCUMENT # N 02000002602

1. Corporation Name

Dade County Chamber of Commerce

2. Principal Office Address

1121 Crandon Blvd

Suite, Apt. #, etc.

F1201

City & State

Key Biscayne FL

Zip

33149

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

510416081

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

Suite, Apt. #, Etc.

F1201

City

Key Biscayne FL

State

FL

Zip Code

33149

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

*Carlos Garceran*

REGISTERED AGENT MUST SIGN

Date

8-30-05

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	Carlos GARCERAN	1121 Crandon Blvd	Key Biscayne FL 33149
D	Julio Chen	14801 S. 141st Terr	Miami FL 33196
D	Hilda Garceran	4385 W. 12th Lane #C	Hialeah FL 33012

800059829238  
09/21/05--01049--003 \*\*122.50

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carlos Garceran* CARLOS GARCERAN 8-30-05

Date

Daytime Phone #

CR2E081 (01/05)

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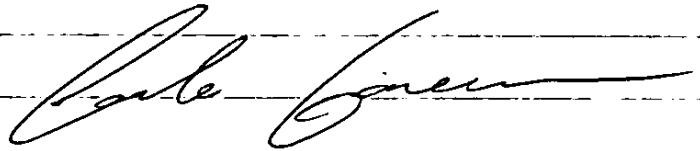
To Whom it May Concern,

Aug 29, 2005

I have Not received any  
notices for reinstatement. Please  
reinstate Co. Document # N02000002602

FEI # 510416061

Dade County Chamber of Commerce

A handwritten signature in cursive script, appearing to read "Carl Green". The signature is written in dark ink on lined paper.