

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000004859**

1. Corporation Name

CORAL GABLES JUNIOR CHAMBER OF COMMERCE INC.

Principal Place of Business

12820 SW 62 AVE
MIAMI FL 33156

Mailing Address

12820 SW 62 AVE
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2002

5. FEI Number

22-3886471

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MAZOTAS, JAHN-PAUL	12820 SW 62 AVE	MIAMI FL 33156
SD	VERGARA, ANA MARIE	3304 VIRGINIA ST #70	MIAMI FL 33139
TD	HERNANDEZ, ELIZABETH	5255 NW 401 TERR	OPA LOCKA FL 33055
Dir	Patrick Knight	1717 N. Bayshore Dr. #3038	Miami, FL 33132
Dir	Tracy Staples	1447 Garden Road	Weston, FL 33326

100028407661
02/09/04--01036--006 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAZORAS, JAHN-PAUL
12820 SW 62 AVE
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100028407661
02/09/04--01036--006 **236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

1/27/04 305-982-6711

CR2E040 (7/03)