

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000000164

1. Corporation Name

Miami Central Alumni Association, Inc.

2. Principal Office Address

651 N.W. 118 St

Suite, Apt. #, etc.

3. Mailing Office Address

651 N.W. 118 St

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33168

Country

U.S.A.

Zip

33168

Country

U.S.A.

FIL

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CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2003

5. FEI Number

☒ 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

Darryl Holsendolph

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

651 N.W. 118 St

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33168

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

Date

02/07/06

REGISTERED AGENT MUST SIGN

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
P	William Clark	651 N.W. 118 St	Miami, Florida 33168
V	Sandra Jackson	651 N.W. 118 St	Miami, Florida 33168
S	Valerie Anderson	651 N.W. 118 St	Miami, Florida 33168
D	Darryl Holsendolph	651 N.W. 118 St	Miami, Florida 33168
D	Carlton Wright	651 N.W. 118 St	Miami, Florida 33168
D	Gary Johnson	651 N.W. 118 St	Miami, Florida 33168

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl Holsendolph 02/07/06

Date

(305) 769-2459

Daytime Phone #