

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 19 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND3000000416**

1. Corporation Name

"CORP"
JOINT ALUMNI COALITION OF MIAMI DADE
County

2. Principal Office Address - No P.O. Box #
1730 NW 74 STREET

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip
33147

Country
USA

3. Mailing Office Address
1730 NW 74 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33147

Country
USA

800157481328
06/19/09--01054--001 **323.75

REINSTATEMENT **05-09**

4. Date Incorporated or Qualified
To Do Business in Florida **01/10/2003**

5. FEI Number
810588791

☐ 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
FISHER, CARLTON G DR

Street Address (P.O. Box Number is Not Acceptable)
1730 NW 74 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33147

☒ 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

Date

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	DR CARLTON G FISHER	1730 NW 74 STREET	MIAMI, FLORIDA 33147
VP	DOROTHY JOHNSON	13724 NW 22 PLACE	OPA-LOCKA, FLORIDA 33054
T	MACK SAMUEL	8951 NW 8 AVE	MIAMI, FLORIDA 33150
FS	LEE A WATERS, JR	14810 ROBINSON STREET	MIAMI, FLORIDA 33176

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:

Carlton G Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/2009

6/29