1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 21 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03506

1. Corporation Name

THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
965 N. Nob Hill Road		965 N. Nob Hill Road	
Suite, Apt. #, etc. #208		Suite, Apt. #, etc. #208	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country USA	Zip 33324	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 06/07/1984

5. FEI Number 59-2463929 ☐ 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: Amy H. Goldin - c/o Amy H. Goldin, P.A.

Street Address (P.O. Box Number is Not Acceptable): 965 N. Nob Hill Road

Suite, Apt. #, Etc.: #208

City: Plantation, State: FL Zip Code: 33324

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 04/14/04

REGISTERED AGENT MUST SIGN

CR2E085 (01/04)

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
DPS	Amy H. Goldin	965 N. Nob Hill Road #208	Plantation, FL 33324

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 _____ 04/14/04 954-915-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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282

Florida Department of State
Division of Corporations
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From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
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CORPORATION REINSTATEMENT

THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
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