


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N04000004424

1. Corporation Name

Florida Maritime Lawyers Association, Inc.

2. Principal Office Address - No P.O. Box #
19 West Flagler St.

3. Mailing Office Address
19 West Flagler St.

Suite, Apt. #, etc.
Ste. 520

Suite, Apt. #, etc.
Ste. 520

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33130

Country
USA

7. Name and Address of Current Registered Agent

Name
Domingo C. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.
Suite 730

City
Coral Gables

State
FL

Zip Code
33134

4. Date Incorporated or Qualified To Do Business in Florida 04/30/2004

5. FEI Number ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ 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

REGISTERED AGENT MUST SIGN

Date

9/26/08

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	Domingo Rodriguez	2121 Ponce de Leon Blvd., Ste. 730	Miami, FL 33134
V	David Horr	9100 S. Dadeland Blvd., Ste. 1104	Miami, FL 33156
S	Carol Finklehoffe	19 West Flagler St., Ste. 520	Miami, FL 33130
T	David McCreddie	P.O. Box 838	Tampa, FL 33601
D	Robert Peltz	19 West Flagler St., Ste. 520	Miami, FL 33130
D	Jonathan Aronson	2121 Ponce de Leon Blvd., Ste. 730	Miami, FL 33134

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

Date

9/26/08

Daytime Phone #

305
774/477

FILED

08 OCT -6 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700136672777
10/06/08--01054--010 ***420.00

REINSTATEMENT 05-08

CR2E081 (1/07)