

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010936

FILED  
Sep 17, 2007  
Secretary of State

**Entity Name:** MISS MIAMI CARNIVAL PAGEANT, INC.

**Current Principal Place of Business:**

P.O. BOX 30216  
FORT LAUDERDALE, FL 33303

**New Principal Place of Business:**

8639 W LONGACRE DRIVE  
MIRAMAR, FL 33025

**Current Mailing Address:**

P.O. BOX 30216  
FORT LAUDERDALE, FL 33303

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HENRY, YOLANDE  
8639 LONGACRE DRIVE  
MIRAMAR, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YOLANDE HENRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HENRY, YOLANDE  
Address: P O BOX 30216  
City-St-Zip: FT. LAUDERDALE, FL 33303

Title: VP ( ) Delete  
Name: JOHN, KELLYANN  
Address: P O BOX 30216  
City-St-Zip: FT. LAUDERDALE, FL 33303

Title: T ( ) Delete  
Name: HENRY, BRENT  
Address: P O BOX 30216  
City-St-Zip: FT. LAUDERDALE, FL 33303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLYANN JOHN

VP

09/17/2007

Electronic Signature of Signing Officer or Director

Date