

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N04198

**Miami Power Squadron, Inc.**

2. Principal Office Address - No P.O. Box #

7101 SW 67th Ave

3. Mailing Office Address

7101 SW 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Miami, FL

City & State

South Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

7. Name and Address of Current Registered Agent

Name

Eva Popham

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

7101 SW 67th Ave

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33143

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

*Eva Popham*

Date 10/10/2007

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
T/D	Eva Popham	7101 SW 67th Ave	South Miami, FL 33143
V/D	William Lee Popham	7101 SW 67th Ave	South Miami, FL 33143
P/D	Ernest Rodriguez	6220 SW 78th St	South Miami, FL 33143
S/D	Deborah Rodriguez	6220 SW 78th St	South Miami, FL 33143
V/D	Thomas Dougerthy II	2000 NE 135th St Apt 704	North Miami, FL 33181
V/D	Kevin Bedsworth	8255 SW 94th St	Miami, FL 33156

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:

*Eva Popham*

Eva Popham

10/10/2007

305-904-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 OCT 16 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200110865252  
10/16/07--01059--006 \*\*428.75

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1984

5. FEL Number

59-6163958

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.

10/17/07