

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000005216

1. Corporation Name

MIAMI CHAMBER MUSIC INCORPORATED

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

3773 Mathenson Ave.

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

3773 Mathenson Ave

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

**REINSTATEMENT** 07-09

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 05/15/06

5. FEI Number

☒ 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

Christine Menedis

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

3773 Mathenson Ave

Suite, Apt. #, Etc

City

Coconut Grove

State

FL

Zip Code

33133

☒ 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 12/21/09

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
Dir	Chirstine Menedis	3773 Mathenson Ave	Coconut Grove, FL 33133
Dir	Adian Felix	7953 SW 104 Street, D-105	Miami, FL 33156

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

Daytime Phone #