

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -7 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000009457

1. Corporation Name

MIAMI NORTHWESTERN HIGH CLASS OF 1972, INC.

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

744 NE 14th AVE

3. Mailing Office Address

P. O. BOX 470025

Suite, Apt. #, etc.

UNIT 8

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

MIAMI, FL.

Zip

33304

Country

USA

Zip

33247-0025

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida: 09/2/8/2009

5. FEI Number

80-0597052 (EIN 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

CLARATEEN D. KIRKLAND-KENT

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

1165 NW 60th STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33127-1039

900209724379
07/07/11--01023--009 **315.00

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

Clarateen D. Kirkland-Kent

Date

06/15/2011

REGISTERED AGENT MUST SIGN

305 323-5551 cell #

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.	RICHARD ELAMIN	15286 SW 178 TERR	MIAMI, FL. 33187
VP	CHARLENE JOSEPH	1070 NW 128th STREET	NORTH MIAMI FL. 33168
SEC	FLORIDA L. ROBERTS	744 NE 14th AVE. UNIT 8	FT. LAUDERDALE, FL. 33304
TR	CLARATEEN D. KIRKLAND-KENT	1165 NW 60th STREET	MIAMI, FL. 33127-1039
VT	CYNTHIA BARNES-HADLEY	11561 SW 125th STREET	MIAMI, FL. 33176-4432
PAR	CHARLES CLINCH	900 NW 180th TERRACE	MIAMI GARDENS, FL. 33169

10. E-mail Address: alamin3652003@att.net

(To be used for future annual report notification)

11. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Richard Elamin
Richard Elamin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/15/11 305 224-3050