

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 23 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12783

1. Corporation Name

MIAMI-DADE COMMUNITY COLLEGE INTERAMERICAN CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business

627 SW 27TH AVE
MIAMI FL 33135

Mailing Address

MIAMI-DADE COMMUNITY COLLEGE
300 NE 2ND AVE
MIAMI FL 33132
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6169745

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD VD	FINE-MARTIN Dulce Beltran	11011 SW 104TH ST 300 NE 2ND AVE.	MIAMI FL
PD PD	LUKENBILL, JEFFREY D	300 NE 2ND AVE	MIAMI FL
STD	VINCENTE, JOSE A VICENTE, Jose A.	300 NE 2ND AVE	MIAMI FL 33132
			3000003171853--6 -03/16/00--01003--021 *****61.25 *****61.25
			5000003171855--9 -03/16/00--01003--022 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

LUKENBILL, JEFFREY D
MIAMI-DADE COMMUNITY COLLEGE
300 NE 2ND AVE
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

Jeffrey D. Lukenbill

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

300 N.E. 2nd Avenue

Suite, Apt. #, Etc.

Miami-Dade Community College

City

Miami

State

FL

Zip Code

33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeffrey D. Lukenbill
REGISTERED AGENT MUST SIGN

Date 2/18/2000

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., 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 under section 119.07(3)(i), 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:

Jeffrey D. Lukenbill
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey D. Lukenbill

2/18/2000

Date

(305) 237-3803

Daytime Phone #