


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 OCT 24 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N12783

**1. Corporation Name**  
Miami-Dade Community College InterAmerican Center Owners' Association, Inc.

<b>2. Principal Office Address</b> 627 S.W. 27th Ave., Miami, FL. 33135		<b>3. Mailing Office Address</b> 627 S.W. 27th Ave., Miami, FL. 33135	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33135	Country U.S.A.	Zip 33135	Country U.S.A.

**REINSTATEMENT 02-03**  
700024082797  
10/24/03--01024--024 \*\*297.50

**4. Date Incorporated or Qualified To Do Business in Florida** 12/27/1985

<b>5. FEI Number</b> 596169745	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Mr. Brian Stokes

Street Address (P.O. Box Number is Not Acceptable)  
627 S.W. 27th Avenue

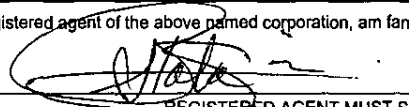
Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33135

**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.

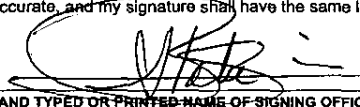
Signature of Registered Agent  Date 10/23/03

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
P/D	Dr. Kathie Sigler	300 N.E. 2nd Avenue	Miami, Florida 33132
VP/D	Dr. Nora Hendrix	627 S.W. 27th Avenue	Miami, Florida 33135
ST/D	Mr. Brian Stokes	627 S.W. 27th Avenue	Miami, Florida 33135

**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 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:  Date 10/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)