

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 8:22

DOCUMENT # N17277

1. Corporation Name

Miami Roads Neighborhood Civic Association

2. Principal Office Address
228 SW 23 Road

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
" "

Zip 33129 **Country** USA

Zip " **Country** "

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida ~~October 13, 1986~~

5. FEI Number 592744056 **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 Joseph F. Wilkins **400003414404-4**
Street Address (P.O. Box Number is Not Acceptable) 228 SW 23 Road **-10/05/00--01021--013**
Suite, Apt. #, Etc. ******297.50 ****297.50**
City Miami **State** FL **Zip Code** 33129

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 *Joseph F. Wilkins* **Date** July 27, 2000.
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
President:	Daniel Leibow	3041 SW 2 Avenue D	Miami, FL 33129
President-Elect:	Deborah Swain	228 SW 22 Road D	Miami, FL 33129
Secretary/ Treasurer:	Joseph Wilkins	228 SW 23 Road D	Miami, FL 33129
Asst. Secretary/ Treasurer:	Colin Veater	41 SW 18 Terrace D	Miami, FL 33129

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: *Joseph F. Wilkins* **Joseph F. Wilkins** **Date** July 27, 2000 **Daytime Phone #** (305) 858-1639

CR2E081 (9/99)