

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1962

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP -6 AM 9: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100007733991--8  
-09/13/02--01047--013  
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**DOCUMENT #** N 2 7 2 1 0

**1. Corporation Name**

THE MIAMI COALITION FOR A SAFE AND DRUG FREE COMMUNITY

**2. Principal Office Address**

UM/NORTH SOUTH CENTER  
1500 MONZA AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

UM/NORTH SOUTH CENTER  
1500 MONZA AVENUE

Suite, Apt. #, etc.

**City & State**

CORAL GABLES, FLORIDA

**City & State**

CORAL GABLES, FLORIDA

**Zip**

33146

**Country**

USA

**Zip**

33146

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-29-1988

**5. FEI Number**

650078686

**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**

HENRY H. RAATTAMA JR. % AKERMAN, SENTERFITT & EIDSON, PA

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

ONE S.E. 3RD. AVENUE, 28th FLOOR

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33133

☒ 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

*[Handwritten Signature]*

Date 08/20/02

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
CHAIR	ROBERT H. McCABE	1601 S. MIAMI AVENUE MIAMI, FL	MIAMI, FL 33129
TREAS.	DIANE COOK	UM/TREASURER'S OFFICE-250 ASH BUILDING, CORAL GABLES, FL	33146
VICE-CHAIR	AARON PODHURST	PODHURST, ORSECK, JOSEFSBERG 250 W. FLAGLER STREET	MIAMI, FLORIDA 33130
PRES.	MARILYN WAGNER CULP	UM/NORTH SOUTH CENTER 1500 MONZA AVENUE	CORAL GABLES, FL 33146

**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:** MARILYN WAGNER CULP, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02

Date

(305) 284-6849

Daytime Phone #

CR2E081 (9/01)

# The Miami Coalition For A Safe And Drug-Free Community

212

University of Miami/North South Center  
1500 Monza Avenue  
Coral Gables, Florida 33146-3027  
Phone: 305-284-6848 Fax: 305-284-6870

August 21, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

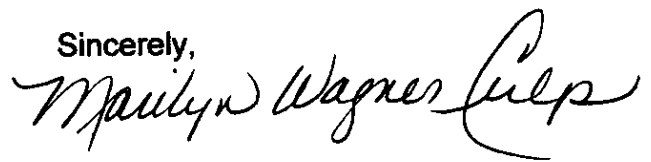
Dear Department of State:

Please find enclosed our corporation reinstatement form. The Miami Coalition For A Safe And Drug Free Community is seeking reinstatement as a corporation and seeking a waiver of late fees. We never received notice for our 2001 and 2002 corporation fees.

Also, enclosed please find my personal check for \$131.25 covering our 2001, 2001 fees and a certificate of status. Our fiscal agent, The University of Miami, usually does not write checks quickly, so I will pay this and be reimbursed later.

We appreciate your assistance with this matter.

Sincerely,



Marilyn Wagner Culp  
President

MWC/hgt  
Enclosure