

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 25 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27962**

1. Corporation Name

SOUTH FLORIDA NVOCC + NAOCC ASSOCIATION, INC.

2. Principal Office Address

2401 NW 69th ST

Suite, Apt. #, etc.

3. Mailing Office Address

2401 NW 69th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/1988

5. FEI Number

65-0083374

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

MITCHELL SHAPIRO

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

2401 NW 69th ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

10/8/02

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
D	JOHN ABISCH	2401 NW 69th ST	MIAMI, FL 33147
D	MITCH BAXT	1801 NW 82nd AVE	MIAMI, FL 33126
D	MITCHELL SHAPIRO	2401 NW 69th ST	MIAMI, FL 33147

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/02

Date

305 693 5133

Daytime Phone #

CR2E081 (3/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 14, 2002

SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.
2401 nw 69th street
miami, FL 33147

SUBJECT: SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.
Ref. Number: N27962

We have received your document for SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC. and your check(s) totaling \$297.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 502A00057199