

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28209**

1. Corporation Name  
**SOUTH MIAMI BUSINESS NETWORK, INC.**

Principal Place of Business  
**C/O ANN FISHER, ATTY.  
1514 ZULETA AVENUE  
CORAL GABLES FL 33146**

Mailing Address  
**C/O ANN FISHER, ATTY.  
1514 ZULETA AVENUE  
CORAL GABLES FL 33146**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -3 AM 9:24

**REINSTATEMENT 1997**



4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1988

5. FEI Number

65-0070014

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	<del>REITNAUER, DOREEN</del>	<del>5001 SUNSET DR</del>	<del>S MIAMI FL</del>
DP	SORGIE, JOHN	5833 PONCE DE LEON BLVD.	
DV	<del>SALOM, VICTORIA</del>	<del>5711 S DIXIE HWY</del>	<del>S MIAMI FL</del>
DV	NANCY MORGAN	334 MINORCA AVE. Suite 100	CORAL GABLES, FL
DS	FISHER, ANN	1514 ZULETA AVENUE	CORAL GABLES FL
DT	<del>REITNAUER, DOREEN</del>	<del>5001 SUNSET DR</del>	<del>SOUTH MIAMI FL 33146</del>
DT	MARSHA TROMBLY	10700 N. KENDALL Dr. Suite 302	Miami, FL
<del>DT</del>	<del>MEYER, NINA</del>	<del>2222 PONCE DE LEON BLVD</del>	<del>CORAL GABLES FL</del>
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8. Name and Address of Current Registered Agent

**FISHER, ANN  
1514 ZULETA AVENUE  
CORAL GABLES FL 33146**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Ann Fisher*  
REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marsha Trombly*

Date

Daytime Phone #

10-28-97 305 595 5990

CR25040 (8/97)