

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV -3 AM 9:24

REINSTATEMENT 1997

DOCUMENT # **N28209**

1. Corporation Name
SOUTH MIAMI BUSINESS NETWORK, INC.

Principal Place of Business Mailing Address
C/O ANN FISHER, ATTY. **C/O ANN FISHER, ATTY.**
1514 ZULETA AVENUE **1514 ZULETA AVENUE**
CORAL GABLES FL 33146 **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		4. Date Incorporated or Qualified To Do Business in Florida	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		09/07/1988	
City & State		City & State		5. FEI Number 65-0070014	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	REITNAUER, DOREEN	5001 SUNSET DR	S MIAMI FL
DP	SORGIE, JOHN	5833 PONCE DE LEON BLVD.	
DV	SALOM, VICTORIA	5711 S DIXIE HWY	S MIAMI FL
DV	NANCY MORGAN	334 MINORCA AVE. Suite 100	CORAL GABLES, FL
DS	FISHER, ANN	1514 ZULETA AVENUE	CORAL GABLES FL
DT	REITNAUER, DOREEN	5001 SUNSET DR	SOUTH MIAMI FL 33146
DT	MARSHA TROMBLY	10700 N. KENDALL Dr. Suite 302	Miami, FL
DT	MEYER, NINA	2222 PONCE DE LEON BLVD	CORAL GABLES FL

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FISHER, ANN 1514 ZULETA AVENUE CORAL GABLES FL 33146		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* Date **10/29/97**
 REGISTERED AGENT MUST SIGN

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: *Marsha Trombly* 10-28-97 305 595 5990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)