

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 NOV -7 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N30400**

1. Corporation Name
CITIZENS FOR A BETTER SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE #850 MIAMI FL 33131 US	444 BRICKELL AVE. #850 MIAMI FL 33131 US



REINSTATEMENT **02**

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
2025 S.W. 32ND AVE Suite, Apt. #, etc. Miami, Fl. City & State	2025 S.W. 32nd Ave Suite, Apt. #, etc. Miami Fl. City & State

4. Date Incorporated or Qualified To Do Business in Florida
01/30/1989

5. FEI Number **65-0114889**
 Applied For
 Not Applicable

Zip	Country	Zip	Country
33145.	US	33145	U.S.

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	4 City / State / Zip
PD	MILIAN, ARSENIO	2025 SW 32 AVE	MIAMI FL
VPD	PARDO, GEORGINA	244 BISCAYNE BOULEVARD	MIAMI FL 32122
ATD	ESPINO, MARIA D	501 BRICKELL KEY DR., STE. 502	MIAMI FL 33131
S	STRAUL, STUART	444 BRICKEE AVE, SUITE 850	MIAMI FL 33131
D	SWAIN, DEBORAH	2025 S.W. 32ND AVENUE	MIAMI FL 33145
D	BETZ, GILBERT	2025 SW 32 AVENUE	MIAMI FL

8. Name and Address of Current Registered Agent
MILIAN, ARSENIO
2025 SW 32 AVE
MIAMI FL 33145

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Numbers Not Acceptable) **100005572231**
 Suite, Apt. #, Etc. **11/07/02-01067-014 **245.00**
 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. or 617.0505, F.S.

Signature of Registered Agent *Arsenio Milian* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN
 Date 10/31/02

11. 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)(f), 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: *Arsenio Milian* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 10/31/02 Daytime Phone # _____

CR2E040 (8/02)