

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -2 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31219**

1. Corporation Name

MEETING PROFESSIONALS INTERNATIONAL - SOUTH FLORIDA
CHAPTER, INC.

2. Principal Office Address

5240 NW 163rd Street

Suite, Apt. #, etc.

City & State

Miami

Zip

FL 33014

Country

USA

3. Mailing Office Address

5240 NW 163rd Street

Suite, Apt. #, etc.

City & State

Miami

Zip

FL 33014

Country

USA

REINSTATEMENT

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

5. FEI Number

23-7256168

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

Karl Nybergh

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

5240 NW 163rd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

12/21/2000

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
P/D	Teri Valls, CMP	1550 S.Dixie Hwy, #214	Coral Gables, FL 33146
T/D	Judy Goldman	3001 S.Ocean Dr. Apt#11G	Hollywood, FL 33019
S/D	Lisa Bell	4631 NW 31st Avenue, #166	Ft.Lauderdale, FL 33309
V/D	Maureen Lupo	1850 Eller Drive #303	Ft.Lauderdale, FL 33316
DD	Clare Whelan, CMP	4400 Rickenbacker Causeway	Key Biscayne, FL 33149
D	Lynn Morris	1825 Griffin Road	Dania, FL 33004

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teri Valls, President

Date

12/26/00

Daytime Phone #

CR2E081 (9/99)