

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

96 DEC 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31337

1 Corporation Name

MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE,
INC.

Principal Place of Business

7 WESTWARD DRIVE
P.O. BOX 660150
MIAMI SPRINGS FL 33266-7150

Mailing Address

7 WESTWARD DRIVE
P.O. BOX 660150
MIAMI SPRINGS FL 33266-7150

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0131977

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CHURCHMAN, PHILIP	2225 W. 8TH AVE	MIAMI, FL
C	Bill McQuay	4471 NW 36 ST, #214	Miami Springs, FL 33146
VB	FONTANA, MARY	292 PARK ST.	MIAMI SPRINGS FL
D	Ned Helss	5301 NW 36 ST	Miami Springs, FL
VB	PIKE, SEAN	1600 WEST 10TH ST SUITE 102	MIAMI, FL 33134
D	Bob Mezyk	70 Westward Drive	Miami Springs, FL
PD	FERNANDEZ-LEFEBURE, PATRICIA	8740 CORAL BLVD.	MIAMI, FL
D	Polly Thompson	7655 NW 50 ST	Miami, FL 33146

8. Name and Address of Current Registered Agent

MOREHOUSE, EARL W.
70 WESTWARD DR.
MIAMI SPRINGS FL 33168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

588882033525-8

-12/19/96-01033-003

****236-25-0000236-25

FL

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Date

Daytime Phone #