

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 # **N38088**

1. Corporation Name

SOUTH FLORIDA SUPER BOWL XXIX HOST COMMITTEE, INC.

Principal Place of Business

**% DEAN COLSON
200 S. BISCAYNE BLVD., STE. 4700
MIAMI FL 33131
US**

Mailing Address

**200 S. BISCAYNE BLVD.
SUITE 4700
MIAMI FL 33131
US**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
C	COLSON, DEAN	200 S. BISCAYNE BLVD., STE. 4700	MIAMI FL
D	ELLINGTON, RICHARD R	701 U.S. HIGHWAY 1	N. PALM BEACH FL
D	GUSTAFSON, JOEL K	540 NE 4TH STREET	FT. LAUDERDALE FL
D	ROBBIE, TIM	%2269 NW 199TH ST	MIAMI FL
P	SCURR, CHARLES	200 S. BISCAYNE BLVD., STE. 4700	MIAMI FL
D	MCINTOSH, DAVID	%GY&S 777 S FLAGLER 500E	W. PALM BEACH FL

8. Name and Address of Current Registered Agent

**COLSON, DEAN
200 S. BISCAYNE BLVD.
SUITE 4700
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

4000002375394-6

-12/17/97-01091-010

******236.25** State ******236.25** Zip Code

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: **12/12/97**

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

BILL R. TILLETT

12/12/97 **305-375-6201**
Date Daytime Phone #

FILED

97 DEC 15 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1990

5. FEI Number

65-0190875

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

12/12/97