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 19 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N39197**

1. Corporation Name

**DADE COUNTY CULTURAL ALLIANCE INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 15825<br>MIAMI FL 33101 | P. O. BOX 15825<br>MIAMI FL 33101 |

**REINSTATEMENT** 9600

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 |

4. Date Incorporated or Qualified To Do Business in Florida: 07/23/1990

5. FEI Number: 65-0309539 ☐ Applied For ☐ Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| VD | APFEL, KAY | 777 BRICKEL, STE 1130 | MIAMI FL |
| TD | LAURA BRUNEY | 200 S BISCAYNE BLVD #4500 | MIAMI FL |
| PD | ~~MILSTEIN RICHARD~~ Slesnick, Dm | ~~801 BRICKELL AVE. 24TH FLOOR~~ 10680 NW 25 St #202 | MIAMI FL ~~33131~~ 33172 |
| S | WOOLCOT, NANCY | 300 N.E. 2ND AVENUE | MIAMI FL 33132 |
| | | | 200002037042--3<br>-12/24/96--01098--004<br>****236.25 ****236.25 |
| | | | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| MILSTEIN RICHARD C.<br>801 BRICKELL AVE.<br>24 FLOOR<br>MIAMI FL 33131 | Name: Dm Slesnick<br>Street Address (P.O. Box Number is Not Acceptable): 10680 NW 25 St #202<br>Suite, Apt. #, Etc.: STE 202<br>City: Miami State: FL Zip Code: 33172 |

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN  Date: 11/26/96

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date: 11/26/96  Daytime Phone #: 305/477-4820

CR2E040 (7/96)

0061408 AP