

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -5 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43993

1. Corporation Name

LOCAL LODGES 368 AND 2643, IAMAW, BUILDING CORPORATION

Principal Place of Business

Mailing Address

691 SHERIDAN DRIVE
MIAMI SPRINGS FL 33166

691 SHERIDAN DRIVE
MIAMI SPRINGS FL 33166



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0267282

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MORROW, DONALD (368)	10701 NW 14 ST #280	PLANTATION FL 33322
PD	SAMPEDRO, JUAN	14851 S.W. 50TH STREET	MIAMI FL 33193
STD	JOHNSON, JEFF	14180 S.W. 48TH ST, #G-501	MIAMI FL 33183
STD	STEWART, CLARETHA	4600 N.W. 190TH STREET	OPA LOCKA FL 33055
			200003047172--4
			1717799--01057--001
			***245.00 ***245.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORROW, DONALD
691 SHERIDAN DRIVE
MIAMI SPRINGS FL 33166

Name JEFF S. JOHNSON

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

691 SHERIDAN DR

Suite, Apt. #, Etc.

City MIAMI SPRINGS

State FL

Zip Code 33166

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]

REGISTERED AGENT MUST SIGN

Date 10/29/99

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)(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]

JEFF S. JOHNSON

Date 10/29/99

305 884-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #