

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 AM 9:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N 45529

1. Corporation Name

Miami Storytellers Guild Inc.

900143178629
02/09/09--01047--018 **358.75

REINSTATEMENT 07-09

CR2E081 (12/08)

2/12

2. Principal Office Address - No P.O. Box #

13600 N.W. 1st Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33168

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

10/7/91

5. FEI Number

650289262

☐ 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

James C. Gregory

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

13600 N.W. 1st Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

J.C. Gregory

REGISTERED AGENT MUST SIGN

Date 2/4/09

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
Pres.	James C. Gregory	13600 N.W. 1st Ave	Miami FL 33168
V. Pres	Patricia Montgomery	2916 Kunston #56	Hollywood FL 33020
Sec.	John Gorman	365 NE 125th #406	Miami FL 33160
Treas.	Patricia Gregory	13600 N.W. 1st Ave	Miami FL 33168

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 contained in Chapter 119, 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:

J.C. Gregory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/09 305-607-3790

Date

Daytime Phone #