

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 26 AM 11:20

DOCUMENT # N47660

1. Corporation Name

The Miami River Neighborhood Restoration Corporation, Inc.

2. Principal Office Address

118 SW South River Drive

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33130

Country
US

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1992

5. FEI Number

65-0328083

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

Sallye Jude

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

118 SW South River Drive

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33130

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

Sallye Jude
REGISTERED AGENT MUST SIGN

Date

10/24/06

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
P	Sallye Jude	118 SW South River Drive	Miami, FL 33130
T	David M. Turner	One SE 3 Avenue #1440	Miami, FL 33131
S	Frances MacIntyre	409 Viscaya Avenue	Coral Gables, FL 33134

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:

Sallye Jude
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/06

Daytime Phone #

305-325-0045

zofr

TURNER & ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

SunTrust International Center
One Southeast Third Avenue
Suite 1440
Miami, Florida 33131

Telephone 305-377-0707
Facsimile 305-377-0787
www.turnercpas.com

October 24, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

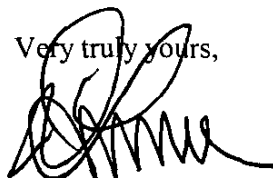
Re: The Miami River Neighborhood Restoration Corporation, Inc.
Document #N47660

Dear Sir/Madam:

Enclosed is a reinstatement form for the captioned non-profit corporation together with a check in the amount of \$253.7. This check is in payment of the annual fees for 2003, 2004, 2005 and 2006 and a Certificate of Status. Due to a change in the mailing address, the notices sent to the corporation for filing annual reports were not received. We respectfully request the any late fees be waived.

Enclosed is a self-addressed envelope for return of the Certificate of Status to our office. Should you have any questions, please contact me.

Very truly yours,



David M. Turner
For the firm

DMT/lgl
Enclosures

cc: The Miami River Neighborhood Restoration Corporation, Inc.