

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N50197**

1. Corporation Name

**MIAMI BOND CLUB, INC.**

Principal Place of Business

Mailing Address

C/O STEVE HARNISH, TREASURER  
2815 SW 25 ST. APT. 2  
MIAMI FL 33133

C/O STEVE HARNISH, TREASURER  
2815 SW 25 ST. APT. 2  
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2829 BIRD AVE**  
Suite, Apt. #, etc.  
**PMB 301**

3. New Mailing Office Address, If Applicable

**2829 BIRD AVE**  
Suite, Apt. #, etc.  
**PMB 301**

City & State

**COCONUT GROVE FL**

City & State

**COCONUT GROVE FL**

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/29/1992**

5. FEI Number

**65-0702543**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCKEY, DWIGHT	1511 ROBBIA AVE	CORAL GABLES FL 33146
PD	PHILLIPS, STEVE	5501 RIVIERA DR	CORAL GABLES FL 33143
SD	GUEMES, JULIO A	9050 SW 62 ST	MIAMI FL 33156
TD	HARNISH, STEVE	2815 SW 25 ST #2	MIAMI FL 33133

700024013167  
10/22/03--01048--008 \*\*236.25

8. Name and Address of Current Registered Agent

HARNISH, STEVE  
2815 SW 25 ST #2  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

**CLAIRE ANDERSON**

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

**3063 CENTER ST**

Suite, Apt. #, Etc.

City

**COCONUT GROVE**

State

**FL**

Zip Code

**33133**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Claire Anderson*

Date

**10/13/02**

REGISTERED AGENT MUST SIGN

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 of Steve Harnish*

**STEVE HARNISH #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/13/03 305 448 2727**

CR2E040 (7/02)