

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N51036

1. Corporation Name

SOUTH FLORIDA FRIENDS OF JAZZ, INC.

Principal Place of Business

3851 NO 31 TERR  
HOLLYWOOD FL 33021  
US

Mailing Address

3230 STIRLING ROAD  
SUITE 1A  
HOLLYWOOD FL 33021  
US

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

2. New Principal Office Address, If Applicable

21050 POINT PLAGE

Suite, Apt. #, etc.

SUITE 705

City & State  
AVENTURA FL

Zip

33080

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1992

5. FEI Number

65-0362690

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 3	City / State / Zip 4
TD	SCHNEIDER, JOEL A. MD	21050 POINT PLAGE SUITE 705 AVENTURA FL 33180	HOLLYWOOD FL AVENTURA FL 33080
PD	WEBER, RONALD B. M.D.	10885 NW 5TH STREET ST.	PLANTATION FL 33324
VPD	SEROTTA, RICHARD	12390 NE 13TH PLACE	NORTH MIAMI FL 33161
SD	CLARK, RALPH	20160 NE 3RD COURT, #2	MIAMI FL 33179

300008613583  
10/28/02--01052--006 \*\*236.25

8. Name and Address of Current Registered Agent

SCHNEIDER, ALAN B.  
3230 STIRLING ROAD  
SUITE 1A  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 10/22/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 9549271776