

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 SEP 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51309

1. Corporation Name
**THE MICHELS CHARITABLE FOUNDATION,
INCORPORATED** W97207K5

Principal Place of Business Mailing Address
**2321 BAYVIEW LANE
N. MIAMI BEACH, FL 33181-2433**

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 10-15-92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0365761	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
EX. DIR PRES	DENNIS RYMER	2321 BAYVIEW LANE N. MIAMI BEACH, FL	N. MIAMI BEACH, FL 33181
TREAS V. PRES.	PALKINE THOMAS MICHELS	2321 BAYVIEW LANE N. MIAMI BEACH	N. MIAMI BEACH, FL 33181
SEC. D. I. C.	PERRE HALLAWAY	3040 192 ST AVENTURA	AVENTURA FL 33190
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REINSTATEMENT

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8. Name and Address of Current Registered Agent

**DENNIS RYMER
EXECUTIVE DIRECTOR & PRESIDENT
2321 BAYVIEW LANE
N. MIAMI BEACH, FL 33181-2433**

9. Name and Address of New Registered Agent

Name
DENNIS RYMER
Street Address (P.O. Box Number is Not Acceptable)
2321 BAYVIEW LANE
Suite, Apt. #, Etc.
City
N. MIAMI BEACH State **FL** Zip Code **33181**

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 **Dennis J. Rymer Jr.**
REGISTERED AGENT MUST SIGN

Date **9-5-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: **Dennis Rymer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-97 (305) 893-2885
Date Daytime Phone #

CR2E040 (1/2/96)