

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 NOV 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000488**

1. Corporation Name

MIAMI HOUSING AND COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

3461 SW 8 ST
MIAMI FL 33135
US

Mailing Address

3461 SW 8 ST
MIAMI FL 33135
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1992

5. FEI Number

65-0387414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02



000008579790
10/24/02--01103--019 **61.25

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	CAZO, ARMANDO	3501 S.W. 8TH ST. 3204	MIAMI FL 33135
VD	PRADO, ANTONIO	6405 S.W. 50TH ST.	MIAMI FL 33155
STD	RODRIGUEZ, ANITA	1924 S.W. 25TH ST.	MIAMI FL 33133
D	GARCIA, LEONARDO	2787 N.W. 34TH ST.	MIAMI FL 33142

000008579790
10/24/02--01082--021 **175.00

8. Name and Address of Current Registered Agent

CAZO, ARMANDO
3461 SW 8TH ST
MIAMI FL 33135

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 REQUIRED
ARMANDO CAZO
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 REQUIRED
ARMANDO CAZO, PRES/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

305-448-3280

Daytime Phone #

CR2E040 (8/02)