## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATÉMEN



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOC	JMEN	# TV
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N92000000556

1. Corporation Name

## THE CHILDREN'S CULTURAL COALITION OF DADE COUNT

Principal Place of Business

Mailing Address

111 NW 1ST ST \$-625 MANI FL 33128

III NW IST ST

9.825

MAMI FL 33126

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

If above address	ises are incorrect in any way, line	through incorrect information (	and enter correction below
2. New Principal Office Address, If Applicable		3. New Mailing Office A	
		Children's Cal	twol Louisier
Suite, Apt. W, etc. City & State		Suite, Apt. #, etc.	
		PO Box \$51	97 <b>5</b>
		City & State Coroniat Grove FL	
Zlp	Country	Zip 25253-1973	Country

12/02/1992

5. FEI Number

8.

Date Incorporated or Qualified To Do Business in Florida

CERTIFICATE OF STATUS DESIRED

FILED

96 NOV -8 AM 9: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

65-0397264

**Applied For** Not Applicable

	1976	77 4 417	
7. Names	and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
-0	-DEMA-LES	124 E. PLAGLER ST., STE 400	-MAXI-71: 33131
(7)	Judy Buckland	785 SW Flist Street	Hallandole, Pl 33009
<b>E</b> (9)	DERECK DAVIS	5400 NW 22 AVE. BLDG. B	MAM FL 33155
<b></b>	MM SCHULTZ	6740 SW 75 TERRACE	-MEMOS Pt. 46143-
(5)	Jude Pany	345 W. 37+1 Street	miami Beach, Pl
D	SANDRELL RIVERS	3701 SW 70 AVE.	MAMI FL 33155 5544
D	CAROL MASSINGTON	5800 SW 118 ST.	MAM FL 33158
€0-	ERICA MEVER-PAUZIN	1030 14TH STREET # 9 1 03	TANKE SEACH FL-SSISS
		105705W 1501 Count	Miami, FL \$3196
<u> </u>	Conky Desier		Address of New Registered Agent
	8. Name and Address of Current Registe	ered Agent 9. ruinte and	WOULDSO OL LIGHT LANDSONIAN WORK

O MALLIAN DISTARANS 141-NW 15T-ST., 3-625 MANI FL 00128 -

Dolma Iles

Niami

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

111 NW First Street Sulte, Apt. #, Etc. <u>Suite</u>

State 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.

Signature of Registered Agent

REQUIRED h fi time REGISTERED AGENT MUST SIGN

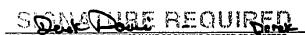
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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

No K Yes 📖

(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.



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