

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV -8 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000556**

1. Corporation Name

**THE CHILDREN'S CULTURAL COALITION OF DADE COUNTY, INC.**

Principal Place of Business

111 NW 1ST ST  
S-625  
MIAMI FL 33128

Mailing Address

111 NW 1ST ST  
S-625  
MIAMI FL 33128

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

12/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0397284

Applied For

Not Applicable

City & State

City & State

Coronet Grove, FL

Zip

Country

Zip

Country

33233-1973

USA

6. CERTIFICATE OF STATUS DESIRED ☒

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
<del>D</del> (T)	<del>DELMA ILES</del> Judy Buckland	<del>124 E FLAGLER ST., STE. 400</del> 735 S W First Street	<del>MIAMI FL 33131</del> Tallahassee, FL 33009
<del>D</del> (P)	<del>DERECK DAVIS</del>	5400 NW 22 AVE BLDG. B	MIAMI FL 33155
<del>D</del> (S)	<del>MINI SCHULTZ</del> Jude Parry	<del>8740 SW 75 TERRACE</del> 345 W. 37th Street	<del>MIAMI FL 33143</del> Miami Beach, FL 33140
D	SANDRELL RIVERS	3701 SW 70 AVE.	MIAMI FL 33155
D	CAROL MASSINGTON	5800 SW 118 ST.	MIAMI FL 33158
<del>EO</del> D	<del>ENCA MEYER-RAUZIN</del> Conky Duzier	<del>1030 14TH STREET</del> 10370 SW 150th Court	<del>MIAMI BEACH FL 33130</del> Miami, FL 33196

8. Name and Address of Current Registered Agent

SWARATONSH, JILLIAN D  
111 NW 1ST ST., S-625  
MIAMI FL 33128

9. Name and Address of New Registered Agent

Name **Delma Iles**  
Street Address (P.O. Box Number is Not Acceptable)  
**111 NW First Street, Suite 625**  
Suite, Apt. #, Etc.  
**Suite 625**  
City **Miami** State **FL** Zip Code **33128**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

500002008715--6  
-11/19/96-01157-018  
\*\*\*\*245.00 \*\*\*\*245.00

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)(l), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Derek Davis** 10/2/96 305-686-2590  
Date Daytime Phone #