

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

DOCUMENT # N92000000556

1. Corporation Name

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

98 DEC 14 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

111 NW 1ST ST
S-625
MIAMI FL 33128

Mailing Address

CHILDREN'S CULTURAL COALITION
P.O. BOX 331073-403336
COCONUT GROVE FL 33233-1973
MIAMI BEACH FL 33140-1336

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 403336
MIAMI BEACH
FL 33140 USA

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1992

5. FEI Number

65-0397264

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	RIVERS, SANDRELL	275 NW 2ND ST 701 BRICKELL AV SUITE 2700	MIAMI FL 33131
VP P	PARRY, JUDE	345 W 37TH ST	MIAMI BEACH FL 33140
T	ST CLAIR, LOUIS	550 BRICKELL AVE, SUITE 200	MIAMI FL 33131
S	DAVIS, MARCIE	9800 SW 114 ST	MIAMI FL 33176
D	MASSINGTON, CAROL JEANETTE GARCIA	5800 SW 118 ST. 4343 W FLAGLER ST	MIAMI FL 33156 33135
D	BRUNEY, LAURA	201 S BISCAYNE BLVD, SUITE 2400	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIEL, JILLIAN
111 NW FIRST STREET
SUITE 625
MIAMI FL 33128

Name

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

000002722330--4

Suite, Apt. #, Etc.

12/24/98-01084-017

City

****245.00

****245.00

State

Zip Code

FL

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

JILLIAN DANIEL

REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

JUDE PARRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4th Dec 98 (305) 538-5500

Date

Daytime Phone #

CR2E040 (9/98)