

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003025

1. Corporation Name

CHRISTMAS IN APRIL* GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

~~7800 RED ROAD~~
~~PENTHOUSE-~~
~~SOUTH MIAMI FL 33143~~
~~US~~

~~8325 S.W. 61 AVENUE~~
~~MIAMI FL 33143~~

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

2. New Principal Office Address, If Applicable

10880 N.W. 30 Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10880 NW 30 Street

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

Zip

33172 USA

Zip

33172 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1993

5. FEI Number

65-0424304

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	City / State / Zip
1	2	3	4
PD	MYRTETUS, JOSEPH	1020 S. DIKE HIGHWAY 7900 Red Road, Penthouse	CORAL GABLES FL 33146 South Miami, FL 33143
SD	MACKLE, LAURA	8325 S.W. 61 AVENUE	MIAMI FL 33143
TD	HERSH, BARRY	100 S.E. 2ND STREET, SUITE 2200	MIAMI FL 33131
V	Frank Mackle	10880 NW 30 Street	Miami, FL 33172
			200003457772-4 -11/08/00-01085-002 ***236.25 ***236.25 LS

8. Name and Address of Current Registered Agent

~~MACKLE, LAURA~~
~~8325 S.W. 61 AVENUE~~
~~MIAMI FL 33143~~

9. Name and Address of New Registered Agent

Name

Frank Mackle

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

10880 NW 30 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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]
REGISTERED AGENT MUST SIGN

Date 10/18/2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 (305) 670-9339
Date Daytime Phone #