

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR A
REINSTATEMENT**



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

AND
FILED

1997 OCT 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000910(9)

1. Corporation Name

Delray Beach/Miyazu Sister Cities Committee, Inc.

Principal Place of Business

Mailing Address

64 S.E. 5th Avenue
Delray Beach, FL 33483

64 S.E. 5th Avenue
Delray Beach, FL 33483

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 2/22/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0475203

Not Applicable

Zip

Country

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P/D | David W. Schmidt | 64 S.E. 5th Avenue | Delray Beach, FL 33483 |
| VP/D | William Wilsher | 64 S.F. 5th Avenue | Delray Beach, FL 33483 |
| S/D | Charlotte Durante | 64 S.E. 5th Avenue | Delray Beach, FL 33483 |
| T/D | Larry Rosensweig | 64 S.E. 5th Avenue | Delray Beach, FL 33483 |
| | | | |
| | | | |

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David W. Schmidt
100 N.E. 5th Avenue
Delray Beach, FL 33483

Name

4000002326974--5

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

10/22/97-01077-009
****236.25 ****236.25

Suite, Apt. #, Etc.

City

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

David W. Schmidt

REGISTERED AGENT MUST SIGN

Date 10/17/97

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)(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:

David W. Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Schmidt, President

10/17/97
Date

561-278-2601
Daytime Phone #

CR2E040 (12/96)