

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -6 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003191

1. Corporation Name

CIVIC CENTER TRANSPORTATION MANAGEMENT ORGANIZA
TION, INC.

Principal Place of Business

Mailing Address

1400 NW 10TH AVENUE
SUITE #914
MIAMI FL 33136
US

P O BOX 016980 (R-61)
MIAMI FL 33101
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1994

5. FEI Number

65-0524573

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POMBIER, EDWARD C	PO BOX 016980 N/A	MIAMI FL 33101
D	EWELL, ARCIE	950 NW 20TH STREET	MIAMI FL 33127
D	VIDAL, ARMANDO	111 NW 1ST STREET	MIAMI FL
D	ODIO, CESAR	3500 PAN AMERICAN DRIVE	MIAMI FL 33133
D	ALEMAN, RALPH	1400 NW 12TH AVENUE	MIAMI FL 33136
D	VISIEDO, OCTAVIO J	1450 NE 2ND AVENUE, ROOM 403	MIAMI FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POMBIER, EDWARD C
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
1600 NW 12TH AVENUE
MIAMI FL 33136

Name

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

Suite, Apt. #, Etc.

City

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

Anat Schwartzbaum

REGISTERED AGENT MUST SIGN

Date 10/27/99 10/30/99

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:

Anat Schwartzbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 (305)243-2321
Date Daytime Phone #