PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N94000003255

1. Corporation Name
MIAMI IBM USERS GROUP

Principal Place of Business / Mailing Address
~~14930 EGAN LANE~~
~~MIAMI LAKES, FL 33014~~

93 MAY 10 AM 11:22

TALLAHASSEE, FLORIDA

700002083057--1
-05/21/93--01113--005
****490.00 ****490.00

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

2. New Principal Office Address, If Applicable
2451 NW 82ND AVE
Suite, Apt. #, etc.
City & State
PEMBROKE PINES, FL
Zip 33084 Country BROWARD

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/27/94

5. FEI Number
Applied For
X Not Applicable

6. CERTIFICATE OF STATUS DESIRED X **$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
PD	~~TUMELTY, CHARLES A.~~ JIMENEZ, ABRAHAM A. ~~JIMENEZ, ABE~~	~~14930 EGAN LANE~~ 2451 NW 82ND AVE ~~2451 NW 82ND AVE~~	~~MIAMI LAKES, FL 33014~~ PEMBROKE PINES, FL 33084 ~~PEMBROKE PINES, FL 33084~~
VD	LIEBROSS, ERIC	1 FINANCIAL PLAZA, SUITE 2200 ~~8145 NW 76 ST~~	FORT LAUDERDALE, FL 33394 ~~MIAMI, FL 33126~~
TD	~~NIEVERA, GEORGE~~ NEIL, CHARLES	12100 NW 13 COURT	PEMBROKE PINES, FL 33028

~~REINSTATEMENT~~ 95-99 P.

8. Name and Address of Current Registered Agent
~~TUMELTY, CHARLES A.~~
~~14930 EGAN LANE~~
~~MIAMI LAKES, FL 33014~~

9. Name and Address of New Registered Agent
Name JIMENEZ, ABRAHAM A.
Street Address (P.O. Box Number is Not Acceptable)
2451 NW 82ND AVE
Suite, Apt. #, Etc.
PEMBROKE PINES
State FL Zip Code 33084

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 _____ Date 5/2/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ ABRAHAM A. JIMENEZ 5/2/99 305-579-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/94)