

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JAN 21 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD
22

DOCUMENT # N94000005591

1. Corporation Name

The Surf Club Debutante Ball
Committee, Inc.

2. Principal Office Address - No P.O. Box #
9011 Collins Ave

3. Mailing Office Address
201 Alhambra Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

City & State

Surfside, FL

City & State

Coral Gables, FL

Zip

33154

Country

Dade

Zip

33134

Country

Dade

REINSTATEMENT 06-09

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0572383

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Paul Morris

Street Address (P.O. Box Number is Not Acceptable)
6130 South Dadeland Blvd

Suite, Apt. #, Pk.
Suite 1028

City
Miami

State
FL

Zip Code
33156

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-9-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
DP	Elizabeth B Whalen	4281 Palm Lane	Miami, FL 33137
DV	Mary Jean Mello	353 Campana Ave	Miami, FL 33166
DS	Marilyn Ceserano	6200 SW 144th St	Miami, FL 33158
DT	Michael P Whalen	4281 Palm Lane	Miami, FL 33137

01/21/09 01030-004 **245.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Whalen

1/8/9

305-507-7550

Daytime Phone #