

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED 297.50

APPLICATION FOR REINSTATEMENT



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

1997 JUN 10 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N014000005942

1. Corporation Name
MIAMI BEACH TAXPAYERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

6039 ALTON ROAD
MIAMI BEACH
FL 33140-2026

SAME

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.

900002208839--8

City & State

06/11/97--01072--011

*****61.25 *****61.25

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

1994

5. FEI Number

59-0697179

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JO ASMUNDSSON	6039 ALTON ROAD	MIAMI BEACH FL 33140
V	MINETTE BENSON	5660 COLLINS AVENUE #7A	MIAMI BEACH FL 33140
T	M. PERRY FABIAN	590 W. 50th STREET	MIAMI BEACH FL 33140
D	BERNARD M. WALL	830 E. D. LIDO DRIVE	MIAMI BEACH FL 33140
D	IRVING SHIMOFF	4488 PRAIRIE AVENUE	MIAMI BEACH FL 33140
D	ELAYNE WEISBORD	862 WALK STREET	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

G. RICHMAN ESQ
135 PALM AVENUE
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name
JO ASMUNDSSON
Street Address (P.O. Box Number is Not Acceptable)
6039 ALTON ROAD
Suite, Apt. #, Etc.
900002208839--8
City
MIAMI BEACH
06/11/97--01072--011
*****236.25 *****236.25
FL 33140

10. I, b, pointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature
Register

[Signature]

REGISTERED AGENT MUST SIGN

Date May 25, 1997

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 1997
Date Daytime Phone #

CR20040 (12/96)