

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC -6 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000700**

1. Corporation Name

SOUTH FLORIDA SUPER BOWL HOST COMMITTEE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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

02/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0571944

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	ADORNO, HENRY N	2601 S. BAYSHORE DRIVE SUITE 600	MIAMI FL
D	COLSON, DEAN C	200 SOUTH BISCAYNE BLVD. 47TH FL	MIAMI FL 33131
D	BEATTY, ROBERT	2601 S. BAYSHORE DR. #1600	MIAMI FL 33133
D	NORTON, SUSAN	2601 S. BAYSHORE DR. #1600	MIAMI FL 33133
D	PINO, SERGIO	2601 S. BAYSHORE DR. #1600	MIAMI FL 33133

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. JOHNS, GREGORY
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

Name **800002026528--8**

Street Address (P.O. Box Number is Not Applicable) **-12/11/96--01095--002**

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

REGISTERED AGENT MUST SIGN

Date

11/6/96

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #