PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	200 200 3 14740	Sec	retary of	ENT OF STATE State ORATIONS	FILED 09 JUN 1 AM 8: 54			
DOCUMENT # N95000001241 1. Corporation Name METRO-DADE CHAMBER OF COMMERCE, INC.							İÀ	LUKLTAKT OF STAT LLAHASSEE, FLORIE	Ŀ)∆
IVIE	IKO-DA	ADE CHAMBE	K OF COI	VIIVIEF	(CE, IIV	REI	NSTATEMS	NT 95-09	
2. Principal Office Address - No P.O. Box # 3. Mailing C 3475 W. FLAGLER ST 126 S.W.					RD				ı
***************************************			Suite, Apt. #, etc.	110 01.		_	CR2E081 (12/		
						4. Date Incorporated or Qualified To Do Business in Florida 03/15/1995			
			City & State MIAMI, FLOR	City & State MAMI, FLORIDA			· · · · · · · · · · · · · · · · · · ·	✓ Applied For Not Applicable	
Zip 33135		Country USA	Zip 33135	1	ountry SA	6. CERTIFICATE C	OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
***		7. Name and Address o	 Current Registere	d Agent	-	1		Tor a Germente of Status	
Name JOSE LUIS LOPEZ							nstatement fee is in		
Street Address (P.O. Box Number is Not Acceptable) 1000 PONCE DE LEON BLVD						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			
Suite, Apt. #, Etc. 3RD FLOOR									
City CORAL GABLES				State Zip Code 33134			6e b waived 5 714 5969 06/15/0901013016 **1093.75		
8. I, being	appointed the	registered agent of the abo	ive named corporation	on, am famil	iar with and accept the	obligations of section	607.0505 or 617.0503, F	.S.	
Signature of Registered		RI	EGISTERED AGENT	Date 06/01/09					
9. Names	s and Street A	ddresses of Each Officer and	d/or Director (Florida	nonprofit co	orporations must list at t	least 3 directors)			
Titles		Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct		City / S	tate / Zip	
Р	TIRADO, FRANCISCO			930 NW	36TH AVENUE	71.0	MIAMI FL 33125		
VP/S/D	HAYDELSTIEN, YISHAI			930 NW	36TH AVENUE	-	MIAMI FL 33125		
VP	GOODRICH, RONY			930 NW	36TH AVENUE	MIAMI FL 33125			
VP/D	GIDDARIE, KATHERIN			930 NW	36TH AVENUE		MIAMI FL 33125		
AT	DIAZ, EDDY			930 NW	36TH AVENUE		MIAMI FL 33125		

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 filling 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.

1930 NW 36TH AVENUE

SIGNATURE:

PRAZUELA, WILLIAM

AS

ايرا راسم

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/09

MIAMI FL 33125

305-441-1112

Date

Daytime Phone #