

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001241

1. Corporation Name

METRO-DADE CHAMBER OF COMMERCE, INC

2. Principal Office Address - No P.O. Box #

782 NW LEJEUNE RD

Suite, Apt. #, etc.

207

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

782 NW LEJEUNE RD

Suite, Apt. #, etc.

207

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

REINSTATEMENT

CR2E081 (11/09)

95-09

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1995

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE LUIS LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

3RD FLOOR

City

CORAL GABLES

State

FL

Zip Code

33134

Fee can't be waived. 8/11/05
~~The~~ 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.

700162950847
11/19/09--01023--006 **1093.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jose Lopez
REGISTERED AGENT MUST SIGN

Date **11/09/2009**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TIRADO, FRANCISCO	1930 NW 36TH AVENUE	MIAMI FL 33125
SVP/S	HAYDELSTIEN, YISHAI	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	GOODRICH, RONI	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	GADDERIE, KATHY	1930 NW 36TH AVENUE	MIAMI FL 33125
T	RUBIO, VICTORIA	1930 NW 36TH AVENUE	MIAMI FL 33125
AT	MOREIRA, CARLOS	1930 NW 36TH AVENUE	MIAMI FL 33125

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

V. Rubio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/2009

Date

Daytime Phone #