

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 26 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001241

1. Corporation Name--

METRO-DADE CHAMBER OF COMMERCE, INC.

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

1395 Brickell Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1395 Brickell Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
March 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

A. Calderin

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

1395 Brickell Ave.

Suite, Apt. #, Etc

City

Miami

State

FL

Zip Code

33131

REINSTATEMENT

800255021318
12/26/13--01028--001 **1388.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0535 of the Florida Statutes.

Signature of

Registered Agent

A. Calderin

REGISTERED AGENT MUST SIGN

Date Nov 20/2013

DEC 26 2013

R. HUNT

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	PINEDO, R. E.	1395 Brickell Ave.	Miami, FL 33131
SREXVP/SO	AMADO, Y. H.	1395 Brickell Ave.	Miami, FL 33131
VP	PRAZUELA, W.	1395 Brickell Ave.	Miami, FL 33131
VP	LEVIN, P. K.	1395 Brickell Ave.	Miami, FL 33131
T	MOREIRA, C.	1395 Brickell Ave.	Miami, FL 33131
AS	CALDERIN, A.	1395 Brickell Ave.	Miami, FL 33131

10. E-mail Address: UNA-USA@HOTMAIL.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

A. Calderin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 20/2013

3054542010

Date

Daytime Phone #