

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NA5000005428**

1. Corporation Name

FRIENDS OF THE DCCOSW INC

2. Principal Office Address

250 CATALONIA

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES FL

Zip

33134

Country

3. Mailing Office Address

250 CATALONIA AVE

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES FL

Zip

33134

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/95

5. FEI Number

165-0642991

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

ANITA MAGDA GUILLEN

(NEW)

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

250 CATALONIA AVE

200003328892-7

Suite, Apt. #, Etc.

SUITE 400

-07/20/00-01005-004

*******297.50 *****297.50**

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/20/00**

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
PRES DIR	ANITA MAGDA GUILLEN	250 CATALONIA AVE SUITE 400	Coral Gables FL 33134
V.P. DIR	DOROTHY SIBLEY	13125 SW 81ST AVE	MIAMI, FL. 33156
SECTY DIR	DORIE LURIE	9349 ABBOTT AVE	SURFSIDE, FL. 33154
TREAS DIR	EUGENIA THOMAS	1110 NW. 41ST ST	MIAMI, FL 33127
DIR	ROCHELLE LEVIN	22800 SW 157 AVE	MIAMI, FL. 33170

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 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:

ROCHELLE LEVIN
ROCHELLE LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00

Date

3052480860

Daytime Phone #

CR2E081 (9/99)