

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005804

1. Corporation Name

NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY
INC.

Principal Place of Business

1100 N. KENDALL DR, STE 304

3021 SW 67 AVE

MIAMI FL 33156

US

Mailing Address

P.O. BOX 557475

MIAMI FL 33256-7475

33243

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1100 N. KENDALL DR, STE 304

City & State

MIAMI FL

Zip

33156

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. BOX 431434

City & State

MIAMI FL

Zip

33243

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1995

5. FEI Number

31-1500791

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	ANDINO, ANA V	7800 N. KENDALL DRIVE, STE. 660	MIAMI FL 33176
TD	SALCEDO, MARIA RICHARD LOTHARIUS	3021 S.W. 67 AVENUE 1100 N. KENDALL DR. 304	MIAMI FL 33155-33156
SD	INGRAM, FRANKIE JEANNETTE GARCIA	11883 S.W. 210 STREET 1700 SW 87 AVE	MIAMI FL 33177-33157
PD	PALM, JULIE BARBARA MARTINEZ	1220 N.E. 153 STREET 3063 SO. MIAMI AVE	N. MIAMI BEACH FL 33162 MIAMI, FL 33132

8. Name and Address of Current Registered Agent

PALM, JULIE
1220 N.E. 153 STREET
MIAMI FL 33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 11/10/03

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 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

RICHARD LOTHARIUS

Date

Daytime Phone #

10/24/03

305
665
2681

CR2ED40 (7/03)