

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PH 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N46000000831**

1. Corporation Name

Many Voices: One Community, Inc.

2. Principal Office Address

c/oCenter for Labor Research

3. Mailing Office Address

c/oCenter for Labor Research

Suite, Apt. #, etc.

FIU. University Park

Suite, Apt. #, etc.

FIU. University Park

City & State

Miami, FL

City & State

Miami, FL

Zip

33199

Country

USA

Zip

33199

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0654926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03

**7. Name and Address of Current Registered Agent**

Name

Dawn Addy

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

c/o Center for Labor Studies **500024950395**  
11/24/03--01023--005 \*\*236.25

Suite, Apt. #, Etc.

Florida Int'l Univ, University Park

City

Miami

State

FL

Zip Code

33199

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

REGISTERED AGENT MUST SIGN

Date **11/18/2003**

**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	Dawn Addy	c/o Cntr-Labor Studies, FIU Univ. Park	Miami FL 33199
VP	Marcus Regalado	111 NW 1st Street, Suite 2150	Miami, FL 33128
T	Joh Tsai	8100 SW 92nd Court	Miami, FL 33173
S	Linda Romero	6555 NW 36 Street, Suite 214	Miami, FL 33166

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:

**DAWN ADDY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2003

Date

**(305) 348-2615**

Daytime Phone #

CR2E081 (10/02)