

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 23 AM 8:00

DOCUMENT # N96000001114

1. Corporation Name

METRO-MIAMI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

2634 NW 21ST TERRACE
MIAMI FL 33142

Mailing Address

6257 S.W. 15 ST.
MIAMI FL 33144

REINSTATEMENT 03



600024058136

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1996

Suite, Apt. #, etc.

2151 S.W. 21ST TERR
MIAMI - FLORIDA

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip
33145

Country
DADE

Zip

Country

5. FEI Number

65-0659160

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
DC	DIEGO E. TOMAS PAZ, LAZARO	6421 S.W. 16 TERRACE, 15235 NW 87 PL	MIAMI, FL 33155
DC	ANORGA, MARTIN N REV	5800 S.W. 5 TERR	MIAMI FL 33144
DVP	DIEGO, TOMAS D	14741 SW 144 TR	MIAMI FL 33196
DS	CESAR, CARASA	6257 S.W. 15 ST.	MIAMI FL 33144
D	IGLESIAS, DANNY	6300 LAKE CHAMPLAIN TERRACE	MIAMI LAKES FL 33014
DT	FERRER, JUAN	6415 S.W. 107 AVE	MIAMI FL 33173

8. Name and Address of Current Registered Agent

ST. JOHN, GREGORY
2601 SO. BAYSHORE DRIVE STE 1600
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name
TOMAS E. DIEGO
Street Address (P.O. Box Number is Not Acceptable)
6421 S.W. 16 TERRACE
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33155

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

600024058136

10/23/03--01092--011 **8.75

Date

10/21/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(TOMAS E. DIEGO) 10/21/03

Date

Daytime Phone #

CR2E040 (7/03)