

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17 1998 8:00 am
Secretary of State

DOCUMENT # **N96000003845**

1. Corporation Name
NETWORK MIAMI, INC.

Principal Place of Business
**8745 SOUTHWEST 80TH STREET
PINECREST, FL 33180
8360 SW 61 AVE
MIAMI, FL 33143**

Mailing Address
**8745 SOUTHWEST 80TH STREET
PINECREST, FL 33180
8360 SW 61 AVE
MIAMI, FL 33143**



REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable 8360 SW 61 AVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8360 SW 61 AVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/23/1996	
City & State MIAMI, FL		City & State MIAMI, FL		5. FEI Number 65-0798957	
Zip 33143		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MYRTLEUS, PETER	8745 SOUTHWEST 80TH STREET	PINECREST FL 33180
PD	FRANK MACKLE	8360 SW 61 AVE	MIAMI, FL 33143
VPD	CARLOS BARED	5800 NW 74 AVE	MIAMI, FL 33166
TD	ANTHONY BORZILLO	3172 SW 27 AVE	MIAMI, FL 33123
SD	JOHN KOVACS	8105 SW 139 ST	MIAMI, FL 33154

2/17/98

8. Name and Address of Current Registered Agent

**DIAZ, ROLANDO A ESQ.
25 WEST FLAGLER STREET PH
MIAMI FL 33130**

9. Name and Address of New Registered Agent

Name
Anthony Borzillo
Street Address (P.O. Box Number is Not Acceptable)
3172 SW 27 AVE
Suite, Apt. #, Etc.
MIAMI
City
MIAMI
State
FL
Zip
33123

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.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date **10/24/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for Information on Intangible tax.)

12. 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] **FRANK MACKLE** **10-23-97** **305 465-9327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)