

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N96000004370

1. Corporation Name

SOUTH DADE MALE CHORUS, INC.

Principal Place of Business

POST OFFICE BOX 57-1061
MIAMI FL 33257-1061

Mailing Address

POST OFFICE BOX 57-1061
MIAMI FL 33257-1061

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

2. New Principal Office Address, If Applicable

15810 SW 105 Ave

Suite, Apt. #, etc.

Miami FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

600002587666-9

07/14/98-01008-025

****175.00 ****175.00

Zip

33157

Country

Zip

Country

REINSTATEMENT

97-98

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1996

5. FEI Number

165-0713456

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Johnnie C. Bruton	10400 SW 171 St.	Miami FL 33157
VP.	James Corbett	2419 NW 91 St.	Miami, FL 33156
Treas	Kenneth Bethe	10740 SW 148 St.	Miami FL 33189
Secy	Ernie Copers	16520 SW 107 St	Miami, FL 33157
Director	Charles Hines	15810 SW 105 Ave	Miami, FL 33157

8. Name and Address of Current Registered Agent

HINES, CHARLES
9900 S.W. 188 STREET
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name

Charles Hines

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

15810 SW 105 Ave

Suite, Apt. #, Etc.

Miami, FL

City

600002587666-9

07/14/98-01008-024

****175.00 ****175.00

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

Charles Hines

REGISTERED AGENT MUST SIGN

Date

Apr 24, 1998

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #