

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
*AR-97*  
*AR*  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 JAN 26 AM 9:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004646**

1. Corporation Name  
**ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC.**

Principal Place of Business  
 1190 NORMANDY DR. RM. 4  
 MIAMI BEACH FL 33141

Mailing Address  
~~1190 NORMANDY DR. RM. 4  
 MIAMI BEACH FL 33141~~

*AR-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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
PRESIDENT	MARCIA RIGONATI (D)	509 CASCADE FALLS DR.	WESTON - FL 33327
SECRETARY	VANESSA MEDEIROS (D)	122 N.E. 204 STREET APT 23	NORTH MIAMI - FL - 33179
TREASURY	ANTONIO B. EWERS (D)	6937 Bay Drive apt 405	MIAMI BEACH - FL 33141
			800002416388--5 -01/29/98--01096--004 *****61.25 *****61.25
			800002416388--5 -01/29/98--01096--005 *****70.00 *****70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEITAO, MARCIO D  
 2124 NE 123RD ST., RM. 203  
 MIAMI FL 33181

*This name is NOT in the ASSOCIATION ANYMORE. please disconsider.*

Name **MARCIA RIGONATI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**509 CASCADE FALLS DR.**  
 Suite, Apt. #, Etc.

City  
**WESTON**

State  
**FL**

Zip Code  
**33327**

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 **OCT 28 1997**

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]*

**MARCIA RIGONATI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OCT. 28/97 (305) 6852669**

Date

Daytime Phone #

CR25040 (8/97)

2

**ALLAN KARDEC SPIRIT CENTER OF MIAMI**

JANUARY 20, 1998

FLORIDA DEPARTMENT OF STATE  
ATT: AMY ALAN (DOCUMENT SPECIALIST)

THIS LETTER AS PER YOUR REQUEST IS TO INFORM YOU THAT WE PAID LATE THE FEES, BECAUSE OF THE CHANGES IN OUR DIRECTORY BOARD, BESIDES THAT WE SENT A CHECK # 1048 OF US175.00 DOLLARS WHICH WAS WRONG. WE ARE VERY SORRY FOR THIS INCONVINIENCE.

REGARDS,

MARCIA RIGONATI -PRESIDENT