

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 # N96000005967

1. Corporation Name

SOUTH FLORIDA SUPER BOWL XXXIII HOST COMMITTEE, INC.

Principal Place of Business

Mailing Address

ATTENTION: GREGORY ST. JOHN
SUITE 1600, 2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

ATTENTION: GREGORY ST. JOHN
SUITE 1600, 2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1996

5. FEI Number **65-6228192**
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **XXIX**

\$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
D	ADRNO, HENRY A	2601 S. BAYSHORE DR., #1600	MIAMI FL
D	GONZALEZ, SEGIO See Attached	2601 S. BAYSHORE DR., #750	MIAMI FL
DT	TILLET, WILLIAM	200 S. BISCAYNE BLVD., #1900	MIAMI FL
SD	BLACK, ELAINE H	6255 N.W. 7TH AVE	MIAMI FL
VPD	GROSSMAN, NICKI	1850 ELLER DR., STE. 303	FT. LAUDERDALE FL
VPD	STIERHEIM, MERRETT	701 BRICKELL AVE., #2700	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AZ REGISTERED AGENT CORPORATION
SUITE 1600
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/21/98

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/1998 305-751-8934

FILED

98 NOV 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2ED40 (9/98)

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PLEASE NOTE THE FOLLOWING CHANGE

BOX 7

D ~~Gonzalez, Sergio~~

Replace with:

D Munoz, Alex