

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9788001273**

1. Corporation Name **MIAMI LOVE - "GIVING BACK", INC.**

2. Principal Office Address
6161 NW 9th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip **33127** Country **USA**

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **March 3, 1997**

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sabrina Baker-Bouie

Street Address (P.O. Box Number is Not Acceptable)
6161 NW 9th Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33127

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent **Sabrina Baker-Bouie**
REGISTERED AGENT MUST SIGN

Date **7/18/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Sabrina Baker-Bouie	6161 N.W. 9th Avenue	Miami, FL 33127
D	Stonewall Jackson	6161 "N.W. 9th Avenue	Miami "FL 33127
T	Matty Millet	6161 "N.W. 9th Avenue	Miami "FL 33127
D	Denise Little	6161 N.W. 9th Avenue	Miami, FL 33127
			500003378005--2 -08/30/00--01071--012 ****227.50 ****227.50 03-02-2000 9418020

10. 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: **Sabrina Baker-Bouie** / Sabrina Baker-Bouie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2000
Date

(305) 751-1295
Daytime Phone #