

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 # N97000002389

1. Corporation Name

MIAMI OTAC/TAO, CORP.

Principal Place of Business

Mailing Address

C/O HELEN HAMILTON
6503 N.W. 14TH COURT
MIAMI FL 33147

C/O HELEN HAMILTON
6503 N.W. 14TH COURT
MIAMI FL 33147

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

2. New Principal Office Address, if Applicable
6200 NW 3rd Avenue

3. New Mailing Office Address, if Applicable
6200 NW 3rd Avenue

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Miami, Fl.

City & State
Miami, Fl.

Zip 33150 Country USA

Zip 33150 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

65-0761521

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)

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
P/D	Helen Hamilton	6503 NW 14th Court	Miami, Fl. 33147
V/D	Mattie Bethel	200 NW 55 Street # 207	Miami, Fl. 33150
T/D	Geneva Thomas	2200 NW 54 Street #809	Miami, Fl. 33142
D	Betty Mullins	26853 SW 128 Ave	Naranja, Fl. 33032

8. Name and Address of Current Registered Agent

HAMILTON, HELEN
6503 N.W. 14 COURTS
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

Helen Hamilton

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

6200 NW 3rd Avenue

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33150

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

Helen Hamilton

REGISTERED AGENT MUST SIGN

Date Nov. 19, 1998

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes ☐

No ☒

B. Mullins
(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:

Geneva A. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98

Date

305-751-3011

Daytime Phone #

CR2E040 (9/98)