PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -6 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000005622

1. Corporation Name
ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYEES, INCORPORATED

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
1325 E 10 AVE.	17311 SW. 7 STREET
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: HIALEAH, FLA.	City & State: PEMBROKE PINES FLO 33029
Zip: 33010 Country: MIAMI OAKE	Zip: 33029 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/97

5. FEI Number: N/A ☐ 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: X Robert D. Klausner

Street Address (P.O. Box Number is Not Acceptable): 10059 N.W. 1st Court

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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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: X _____ (REGISTERED AGENT MUST SIGN) Date: X 11/06/00

CR2E081 (9/99)

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) PRES	THOMAS R. CHAMBERLAIN DIRECTOR	1325 E. 10 AVE (D)	HIALEAH, FLA 33010
(D) VICE PRES	RALEIGH N. JORDAN DIRECTOR	11903 SW 12 CT (D)	FT LAUDERDALE, FL 33325
(D) SEC	GEORGE HAMEETHAN DIRECTOR	17311 SW 7 ST (D)	PEMBROKE PINES FLO 33029
(D) TREAS.	JAMES CICHOWICZ	9401 SW 8 ST (D)	PEMBROKE PINES FLA 33025

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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: Thomas R. Chamberlain THOMAS R. CHAMBERLAIN Oct. 30, 2000 954 438 5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #