

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -5 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003724

1. Corporation Name

MIAMI-DADE S.E.C.M.E. ALLIANCE, INC.

Principal Place of Business

Mailing Address

C/O CONSTANCE THORNTON
1500 BISCAYNE BLVD. 327 S
MIAMI FL 33132

C/O CONSTANCE THORNTON
1500 BISCAYNE BLVD. 327 S
MIAMI FL 33132

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

06/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0861579

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	FIELDS, RON	8204 SW 83RD COURT	MIAMI FL 33143
D	ROEDERER, JOANNE	3044 SHIPPING AVE	MIAMI FL 33132
D	GOMEZ, NEMESIO	2828 CORAL WAY	MIAMI FL 33129
S	ANGLIN, MARGUS	8045 SW 89 ST	MIAMI FL 33156
S	Elizabeth TRAVIESO	5842 S.W 120 AVE	COOPER CITY FL 33330

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THORNTON, CONSTANCE
1500 BISCAYNE BLVD, 327 S
MIAMI FL 33132

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Constance Thornton

Date

10/12/00

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Travieso

Date

10/12/2000 305 395-7371

Daytime Phone #