
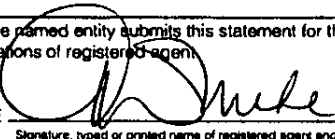
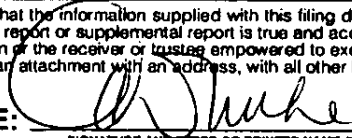


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB -3 AM 11:50

DOCUMENT # N98000004899 1. Entity Name GREATER MIAMI CHAPTER OF NIGP, INC.					
Principal Place of Business 776 NE 125TH ST 3RD FLOOR NORTH MIAMI, FL 33161 US		Mailing Address 776 NE 125TH ST 3RD FLOOR NORTH MIAMI, FL 33161 US			
2. Principal Place of Business - No P.O. Box # 111 N.W. 1st St. Suite, Apt. #, etc. 1300		3. Mailing Address 111 N.W. 1st St. Suite, Apt. #, etc. 1300			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 52-2124848	
Zip 33128		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALESTRA, DEBBIE 776 NE 125TH ST 3RD FLOOR NORTH MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Joan Chin Duke Street Address (P.O. Box Number is Not Acceptable) 111 N.W. 1st St., #1300 City Miami FL Zip Code 33128	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Joan Chin Duke, Treasurer 1/22/09 DATE			
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAINE, TOM 1611 NW 12 AVENUE, HOLTZ CENTER B089 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 900142726619 02/03/09--01020--014 **306.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALESTRA, DEBBIE 776 NE 125TH ST NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Rona Sandler 2601 W. Broward Blvd. Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, MARITZA 444 SW 2ND AVENUE, 6TH FLOOR MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, NIRHMALA 9300 NW 41 ST MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joan Chin Duke 111 N.W. 1st St. Miami, FL 33128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Signature, typed or printed name of signing officer or director Joan Chin Duke		1/22/09 (305) 375-4495 Date Daytime Phone #	

REINSTATEMENT 08-09ks