

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000005957**

1. Corporation Name

GREATER MIAMI MINISTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 NW 77 COURT
MIAMI FL 33166

6300 NW 77 COURT
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1998

5. FEI Number

65-0442756

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CASTILLO, MISAE	2400 N W 25 ST	MIAMI FL 33142
PD	LAGO, PABLO	6280 W 21 CT	HIALEAH FL 33016
SD	DELAGUARDIA, ANTONIO	7330 NW 8 ST	MIAMI FL 33126
PD	FERNANDEZ, SIERRA JULIO	1851 SW 14 AVE	MIAMI FL 33175
VD	WOODBURY, NICK	52165 NW 36 ST.	MIAMI FL 33166
TD	SIERRA, JULIO Carlos Alfaro	3893 SW 153 PC 12415 SW 136 Ave # 1	MIAMI FL 33175 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIAMI EASTING MIAMI FL 33142	Pablo Lago 6280 W 21 CT HIALEAH FL 33016	Name Pablo Lago	Street Address (P.O. Box Number is Not Acceptable) 6280 W 21 CT
		Suite, Apt. #, Etc.	
		City HIALEAH	State FL
			Zip Code 33016

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2-11-03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Lago

2/11/03

305-822-9697

Date

Daytime Phone #

CR2E040 (8/02)