

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001028

1. Corporation Name

MIAMI-DADE EMPOWERMENT TRUST, INC.

Principal Place of Business

Mailing Address

140 WEST FLAGLER STREET
SUITE 1107
MIAMI FL 33130

140 WEST FLAGLER STREET
SUITE 1107
MIAMI FL 33130

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

02/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3050 Biscayne, Blvd., Ste. 300

3050 Biscayne Blvd., Ste. 300

5. FEI Number

65-0911008

Applied For

Not Applicable

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

33137

USA

Zip

Country

33137

USA

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	4 City / State / Zip
CD	FAIR, T. WILLARD	8500 NW 25 AVENUE	MIAMI FL 33147
VPD	GOLDSBY, W. DEAN SR.	3050 BISCAYNE BLVD., SUITE 504	MIAMI FL 33137
SDT	CARPENTER, WILLIE	28801 SW 157 AVENUE	HOMESTEAD FL 33030

500023993555

10/21/03 01161 001 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINNIE, BRYAN K
MIAMI-DADE EMPOWERMENT TRUST, INC.
3050 BISCAYNE BLVD. -SUITE 300
MIAMI FL 33137

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

Date 10/20/2003

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]
Bryan K. Finnie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2003 305-372-7620

Date

Daytime Phone #

CR2E040 (7/03)