

APPLICATION
FOR
REINSTATEMENT



FILED

01 JAN -8 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002588

MAYORS SUMMIT OF THE AMERICAS, INC.

Mailing Address

200 BISCAYNE BLVD.
SUITE 1818
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

04/27/1999

Applied For

65-6426630

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES + CFO	FRANCISCO DELATOURÉ	4022 DOUGLAS Rd	Miami FLA 33133
DIR	JOE CAROLLO	2642 NATOMA	COCONUT GROVE, FL 33133
DIR	SILVIA VIANNA	5700 COLLINS AVE #10-A	MIAMI BEACH, FL 33140
DIR	MARIA ELENA BRANO	7705 SW 86 ST, #206-B	MIAMI, FL 33143
			7100003532667--0
			-01/11/01--01042--021
			****245.00 ****245.00

8. Name and Address of Current Registered Agent —

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Cit

State

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

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

12/28/00

Date _____

305 885-1879
Daytime Phone #

Daytime Phone #

Product CEO
F. de la Torre

CR2E040 (8/00)