

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 25 PM 1:51

DOCUMENT #N99000002588

1. Corporation Name

MAYORS' Summit of the Americas, Inc.

REINSTATEMENT 01-04

2. Principal Office Address

3230 MORRIS LANE SAME AS #2

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33133

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/1999

5. FEI Number

65-0426630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heidi M. Roth, Esq.

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

2555 Force de Leon Blvd, Ste 320

Suite, Apt. #, Etc.

Corral Gables

City

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Heidi M. Roth*

Date

1/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	LUIZ-DAVID AZAMBUJA	11821 S.W. 95 St.	MIAMI, FL 33186
Dir	JOE CAROLLO	3230 MORRIS LANE	MIAMI, FL 33133
Dir	DIANA H. RODRIGUEZ	1730 S.W. 139 Ct.	MIAMI, FL 33175
Dir	ESTHER LOPEZ	4610 S.W. 94 Ct.	MIAMI, FL 33165
			500028392935

10. 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:

*Joe Carollo* Joe CAROLLO 1/20/04 305/854/6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (10/02)