

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000007488

1. Corporation Name

GREATER *MIAMI* MINORITY HOUSING  
CORPORATION

600012318146  
02/11/03--01069--005 \*\*371.75

~~02/11/03 01065 005 \*\*371.75~~

2. Principal Office Address

14815 NW 11th Ct

3. Mailing Office Address

P O Box 69-3873

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami, FL

Zip

33168

Country

Miami-Dade

Zip

33269

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1999

5. FEI Number

65-0985261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

*NA 2/18/03*

7. Name and Address of Current Registered Agent

Name

Marc Stephen

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

14815 NW 11th Ct

Suite, Apt. #, Etc.

N/A

City

Miami

State  
FL

Zip Code  
33168

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

REGISTERED AGENT MUST SIGN

Date 1/13/2003

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
P	Marc Stephen	14815 NW 11th Ct	Miami, FL 33168
VP	Alberta McKinney	14815 NW 11th Ct	Miami, FL 33168
S	Dale Thomas	14815 NW 11th Ct	Miami, FL 33168
T	Ruben's Stephen	14815 NW 11th Ct	Miami, FL 33168

FILED  
03 FEB 11 AM 9:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CR2E081 (10/02)

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:

Marc Stephen

1/13/2003

(786) 290-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #