

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

DOCUMENT # **P00000090862**

02 NOV -6 AM 8:58

1. Corporation Name

NINE MONTHS LATER, INC.

SECRETARY OF STATE
TALLAHASSEE

100008837271

11/06/02--01134--020 **150.00

Principal Place of Business

5942 SW 73 STREET
SOUTH MIAMI FL 33143

Mailing Address

5942 SW 73 STREET
SOUTH MIAMI FL 33143



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2000

5. FEI Number

65-1056671

APPLIED FOR

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

CHEW, JOANNA M

5942 SW 73 STREET

SOUTH MIAMI FL 33143

8. Name and Address of Current Registered Agent

CHEW, JOANNA M
5942 SW 73 STREET
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

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] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/14/02

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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/02 (305) 663-0621

CR2040 (8/02)

20fz

5942 Southwest 73rd Street
Miami, FL 33143

Nine Months Later, Inc.

November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document Number P00000090862

To Whom it May Concern:

Prior UBR notices have not been received. Please waive the reinstatement fee and/or any late filing fees. Please accept the enclosed check for \$150.00 as payment for the current UBR. If you have any questions or need additional information, please do not hesitate to contact me at (305) 663-0621.

Sincerely,



JoAnna M. Chew
Director