

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000085483

1. Corporation Name

IMPROV MIAMI, INC.

Principal Place of Business

3390 MARY STREET
COCONUT GROVE FL 33133

Mailing Address

3390 MARY STREET
COCONUT GROVE FL 33133

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

08/07/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BACHKOFF, JOEL	3390 MARY STREET	COCONUT GROVE FL 33133
S	PEREZ-CAPELLI, ALFREDO	3390 MARY STREET	COCONUT GROVE FL 33133

8. Name and Address of Current Registered Agent

PEREZ-CAPELLI, ALFREDO
3390 MARY STREET
COCONUT GROVE FL 33133

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 (954) 962-1166

MARK D. COHEN, P.A.

Presidential Circle, Ste. 435-South
4000 Hollywood Blvd.
Hollywood, FL 33021

Telephone: (954) 962-1166

Facsimile: (954) 962-1779

October 10, 2003

Hand-Delivered

State of Florida
Department of State
409 East Gaines Street
Tallahassee, FL 32399

RE: Improv Miami, Inc. - Document No. P02000085483

To Whom It May Concern:

Enclosed is my check in the amount of \$150.00 along with the Application for Reinstatement for the above referenced corporation.

My client never received their Annual Report and we are asking for your consideration in reinstating the corporation.

Thank you for your attention.

MARK D. COHEN, P.A.

Mark D. Cohen, Esq.

MDC/jw
enclosures