

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077033

1. Corporation Name

MIAMI VENTURES MANAGEMENT COMPANY, INC.

Principal Place of Business

801 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131
US

Mailing Address

801 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131
US

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

10/20/1994

5. FEI Number

65-0533292

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
D	BEATTY, ROBERT	THE MIAMI HERALD, ONE HERALD PL	MIAMI FL 33132
T/P/D	HALL, JOHN	801 BRICKELL AVENUE, 9TH FLOOR	MIAMI FL 33131
D	BUTLER, DONALD	ONE SOUTHEAST THIRD AVENUE, 10TH	MIAMI FL 33131
D	MCLEAN, GENE W	11911 S.W. 79TH TERRACE	MIAMI FL 33183

8. Name and Address of Current Registered Agent

HALL, JOHN A
801 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131

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

CR2E040 (8/02)

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

John A. Hall
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 28, 2002

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:

John A. Hall
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-
256-7240
Oct 28, 2002

Date

Daytime Phone #