

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 22 PM 3:01

DOCUMENT # P 95000031566

1. Corporation Name *Miami Destination co inc*
401 Biscayne Blvd P. 117
Miami Fla 33131

2. Principal Office Address

300 Biscayne Blvd
Suite, Apt. #, etc.
921

3. Mailing Office Address

300 Biscayne Blvd
Suite, Apt. #, etc.
921

City & State

Miami Fla
Zip *33132* Country *Dade*

City & State

Miami Fla
Zip *33132* Country *Dade*

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

april 20th 1995

5. FEI Number

65-0663559

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

Parzegna wood

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

300 Biscayne Blvd. way

Suite, Apt. #, Etc.

921

City

Miami

State

FL

Zip Code

33132

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 *1-16-2001*

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
<i>Pres</i> <i>Sec</i>	<i>Parzegna wood</i>	<i>300 Biscayne Blvd way #921</i>	<i>Miami</i> <i>Fla 33132</i>
			<i>AD</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/2001

Daytime Phone #

305 375 0226