

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 DEC -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102825

1. Corporation Name

NORTH MIAMI THRIFT SHOP, INC.

Principal Place of Business

421 NW 32 ST.
MIAMI FL 33127

Mailing Address

421 NW 32 ST.
MIAMI FL 33127

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

12/08/1997

5. FEI Number

65-0799405

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CABEZA, ORLANDO	421 NW 32 ST.	MIAMI FL 33127

600009321496
12/03/02--01059--017 **150.00

8. Name and Address of Current Registered Agent

CABEZA, ORLANDO
421 NW 32 STREET
MIAMI FL 33127

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

305.576.2221

Daytime Phone #

NORTH MIAMI THRIFT SHOP, INC.
412 NW 32 Street
Miami, FL 33127

November 14, 2002

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

Re: UBR Report for 2002

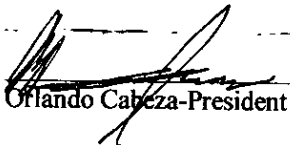
Dear State Representative:

Please note that we recently received an application for the reinstatement of our corporation for the 2002 UBR Report. This is the first notice for 2002 that we have received. We have not moved and as far as we know, we have not experienced any problems or delays with our mail..

Enclosed is a check for the \$150 fee for the 2002 UBR Report. Please accept our apologies in concerning the tardiness of our report. If our apologies do not suffice then consider this as our request for an abatement of penalties.

Thank you in advance for your consideration and understanding in regards to this matter.

Sincerely,



Orlando Cabeza-President

Enclosure