

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

McCann of South Florida, Inc.

2. Principal Office Address

5161 Collins Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

#1715

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/99

5. FEI Number

65090436

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

Joseph A. Miles, Esq.

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 401

City

Miami

State

FL

Zip Code

33131

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 3/20/03

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
P	Bruce Fahey	1212 Avenue of Americas 15th Floor	New York, NY 10036

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:

BRUCE FAHEY

3.27.03

Date

646-366-6527

Daytime Phone #

CR2E081 (10/02)