

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



20000162

FILED

00 OCT 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054975

1. Corporation Name

THE BLACK GOLD CLUB OF MIAMI, INC.

Principal Place of Business 7770 BISCAYNE BLVD. MIAMI FL 33138	Mailing Address 7770 BISCAYNE BLVD. MIAMI FL 33138
--	--



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 1521 Washington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami Beach
Zip	Zip 33139
Country	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/17/1999
5. FEI Number 65-0927943
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MOORE, LEONARD	7770 BISCAYNE BLVD.	MIAMI FL 33138
VPD	GRIFFITH, LEROY	7770 BISCAYNE BLVD.	MIAMI FL 33138
TD	BAILEY, ROBERT	7770 BISCAYNE BLVD.	MIAMI FL 33138

SP

8. Name and Address of Current Registered Agent MOORE, LEONARD 7770 BISCAYNE BLVD. MIAMI FL 33138	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.

Signature of Registered Agent Leonard J. Moore **SIGNATURE REQUIRED** Date 10/16/00
REGISTERED AGENT MUST SIGN

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: Leonard J. Moore **SIGNATURE REQUIRED** Date 10/16/00 (305) 773-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)



GRIFFITH

Enterprises **INC.**

1527 WASHINGTON AVENUE
MIAMI BEACH, FLORIDA 33139
TEL: (305) 534-2000
FAX: (305) 531-9160

Florida Department Of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: P99000054975

To Whom It May Concern:

Please be advised that we did not receive a revocation letter regarding the FEI number. Our FEI # is 65-0927943. Please waive any penalties as we have paid in April of 2000.

All correspondence to this corporation should be mailed to our main office at 1527 Washington Ave. Miami Beach, Florida. 33139. If it went to 7770 Biscayne Blvd. , it was probably misplaced.

Please reinstate us as soon as possible.

Your attention to this matter is greatly appreciated.

Yours truly,

Brenda K. Garcia

Brenda K. Garcia
Secretary