

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 19 AM 8:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000091649

1. Corporation Name

MIAMI JAZZ FESTIVAL, INC.

Principal Place of Business

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

Mailing Address

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

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

10/14/1999

5. FEI Number

65-1021011

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



900009816069
01/03/03--01070--002 **158.75

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
PD	JOHNSON, II, ALBERT B	2699 S. BAYSHORE DR., STE 600 C	MIAMI FL 33133
D	PRICE, SCOTT L	2699 S. BAYSHORE DR., STE 600 C	MIAMI FL 33133
M D	SORTER, ALAN W CAROL GREEN	2699 S BAYSHORE DR SUITE 600C	MIAMI FL 33133
D	CHISHOLM, ALFRED E	2699 S BAYSHORE DR SUITE 600C	MIAMI FL 33133
D	JACA, JOE	2699 S BAYSHORE DR SUITE 600C	MIAMI FL 33133
D	BRADLEY, JUDY	2699 S BAYSHORE DR SUITE 600C	MIAMI FL 33133

8. Name and Address of Current Registered Agent

JOHNSON, ALBERT B II
2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Dec. 17, 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 858-8545
305 445-7894

CR2040 (8/02)



December 17, 2002

Jim Smith, Secretary of State
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Honorable Sir:

Subject: Miami Jazz Festival, Inc.

The purpose of this letter is to advise you that **Miami Jazz Festival Inc.**, a Florida corporation **did not receive two prior uniform business report (UBR) notices**, and it was administratively resolved effective October 4, 2002.

Therefore, we are seeking to reinstate this corporation and file its business report without penalty. We humbly request that your office waive any reinstatement fee, and **we are enclosing a check in the amount of \$158.75 that includes a filing fee of \$150 and \$8.75 for a Certificate of Status**.

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

Sincerely,

Albert B. Johnson II, Registered Agent
Miami Jazz Festival

305-858-8545
305-445-7894

Miami Jazz Festival, Inc.
2699 South Bayshore Drive
Suite 600 C
Miami, Florida 33133
Tel: 305.858.8545
Fax: 305.858.3032
www.miamijazzfestival.com