

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

999000093701
South Florida Chamber
of Commerce, Inc.

2. Principal Office Address

1101 Brickell Ave.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

BANK Atlantic Building - 1st Floor

City & State

Miami FL

Suite, Apt. #, etc.

City & State

Zip

33131

Country

USA

Zip

Country

400004064324--5

-04/24/01--01086--014

****900.00 ****900.00

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/99

5. FEI Number

65-1034093

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

Levi G. Williams Jr.

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

200 SE 13th St

Suite, Apt. #, Etc.

Fertig & Gramling

City

Fort Lauderdale

State

FL

Zip Code

33316

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 4/11/01

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
C	Lawrence Zolnowski	7050 SW 20th St.	Fort Lauderdale FL 33317

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:

Lawrence Zolnowski

4/11/01

954565-6568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #