

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80695

1. Corporation Name

Central Businessmen's Club of Miami, Inc.

2. Principal Office Address - No P.O. Box #

3800 S. Ocean Dr.

Suite, Apt. #, etc.

240

City & State

Hollywood, Florida

Zip

33019

Country

Broward

3. Mailing Office Address

Leslie Singer

3500 Mystic Point Drive

Suite, Apt. #, etc.

3101

City & State

Aventura, Florida

Zip

33180

Country

Dade

7. Name and Address of Current Registered Agent

Name

Rick M. Lewinger

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

6600 N. Andrews Ave.

Suite, Apt. #, Etc.

306

City

Fort Lauderdale

State

FL

Zip Code

33309

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/7/07

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
T	Leslie Singer	3500 Mystic Point Dr. #3101	Aventura, FL 33180
P	Susan Falus	3800 S. Ocean Dr., #240	Hollywood, FL 33180
	<i>[Signature]</i>		

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 contained in Chapter 119, 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.

Mr LESLIE SINGER

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/8/07

Daytime Phone #

305 792-4696

FILED
07 JUN 11 PM 12:05
FLORIDA DEPARTMENT OF STATE
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REINSTATEMENT 95-07

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