

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 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002695**

1. Corporation Name

Realtor Association of Greater Miami & The Beaches, Inc.

2. Principal Office Address

700 S Royal Poinciana Blvd.

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Fl.

Zip

33166

Country

Dade

3. Mailing Office Address

700 S Royal Poinciana Blvd.

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Fl.

Zip

33166

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10-29-20

5. FEI Number

59-0359750

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

Kinney, Teresa K.

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

700 S Royal Poinciana Blvd.

Suite, Apt. #, Etc.

Suite 400

City

Miami

100004288491

-05/22/01--01137--018

****122.50 ****122.50

State

FL

Zip Code

33166

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

Teresa Kinney
REGISTERED AGENT MUST SIGN

Date 4-19-01

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
TD	Mendez, Liza	419 West 49 Street #105	Hialeah, Fl. 33012
SD	Jacobson, Alan W.	3600 Yacht Club Dr. #902	Miami, Fl. 33180
VP	Grabill, Jerry L.	One Harbour Way #306	Bal Harbour, Fl. 33154
PD	Goldstein, Sandra	611 Ocean Dr. #2E	Key Biscayne, Fl. 33149
M	King Kinney, Teresa	700 S Royal Poinciana Blvd.	Miami, Fl. 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

305.468.7010

Daytime Phone #

CR2E081 (9/00)