PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 0101 W30R

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN -8 PM 12:34

DOCUMENT # 715906

1. Corporation Name
ROTARY FOUNDATION of MIAMI, FLORIDA, INC

2. Principal Office Address	**3.** Mailing Office Address
269 GIRALDA AVE	269 GIRALDA AVE
Suite, Apt. #, etc. #302	Suite, Apt. #, etc. #302
City & State MIAMI, FL	City & State MIAMI FL
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 23-7091199 ☐ 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: NORMAN C KASSOFF

100004435491--7
-06/21/01--01081--008
****131.25 ****131.25

Street Address (P.O. Box Number is Not Acceptable): 15405 SW 77 COURT

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33157

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 Norman C. Kassoff
REGISTERED AGENT MUST SIGN

Date 6/6/01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida for profit 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
D	NORMAN C. KASSOFF	15405 SW 77 COURT	MIAMI FL 33157
D	RICHARD DAVIS	5531 RIVIERA DR.	CORAL GABLES FL 33146
D	CARLOS RUIZ de QUEVEDO	1421 CORDOVA ST	CORAL GABLES FL 33134
D	OWEN FREED	550 PUERTA AVE	CORAL GABLES FL 33143
D	GARTH PARKER	1520 LUGO AVE	CORAL GABLES FL 33156
D	WILLIAM ROBBINS, JR	830 LUGO AVE	CORAL GABLES FL 33156

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: Richard M. Davis 6/6/01 305/443-5787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #