

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **750878**

1. Corporation Name

**MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION,
INC.**

Principal Place of Business

Mailing Address

700 S ROYAL POINCIANA BLVD
SUITE 400
MIAMI FL 33166

700 S ROYAL POINCIANA BLVD
SUITE 400
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JAN 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1980

SP

5. FEI Number

59-2090044

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VALLEDOR, DEBORAH	1450 CORAL WAY	MIAMI FL
SD	HOGAN, NANCY B.	1500 SAN REMO AVE., #110	CORAL GABLES FL
VP	BYRNE, THOMAS E	6150 SW 76 ST	SOUTH MIAMI FL
TD	HOGAN, NANCY B	1500 SAN REMO AVE #110	CORAL GABLES FL
M	KINNEY KING, TERESA	2050 CORAL WAY #200	MIAMI FL

8. Name and Address of Current Registered Agent

KINNEY, TERESA KING
700 S ROYAL POINCIANA BLVD
SUITE 400
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of Registered Agent

Teresa King King
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-11-01

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:

Teresa King King
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-00

Date

(305) 468-7007

Daytime Phone #

CR2E040 (8/00)