## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEM			S	ecretary	RTMENT OF STATE ary of State			FILED				
	<u> </u>			DIVR	ION OF CORPORATIONS			09 JAN 20 AM 9: 10					
DOCUMENT # 771097									SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Comporation Name UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC.								,,,2					
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address									9 <b>0</b> 01/207	<b>0141</b> 090109	48994: 3021 ***	9 65.00	
					RANDON BLVD				01, 50,		12E081 (10/08)	7004.00	
Suite, Apr. #, etc.  SUITE 32 4121  SUITE					ac. 32、 <sup>井</sup> 121				4. Date Incorporated or Qualified To Do Business in Florida 11 04 1983				
City & Sinto City & Sinto KEY BISCAYNE, PL KE					BISCAYNE, FL				S- FEI Number Applied For Not Applicable				
Zip 331	49 County SA 33			<sup>z₀</sup> 3314'	19 USA			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent													
AMELIA BALONEK										The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)  360 CRANDON BLVD								the prior notices. By checking this box, you are certifying the prior notices were not					
Suite, Ant. 4. Fig. SUITE 32 HI21								received and requesting the reinstatement fee be waived.					
City KEY BISCAYNE						State 7in Corts 166 be				waived,	٠,		
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 REGISTENES AGENT MUST SEN STATEMENT /6/08 RH													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea										1			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					INI KE	City / State / 2		
ρ_	<u></u>					260 CRANDON BLVD				IA) KC	N BISCAYN 33149	it, FL	
V	FAGUI	5AIC	SUITE 32 HIXI					KEY BI	SCAYNE, P				
T	*,	IA BALON	360 CRANDON BLVD SUITE 32 # 121				)	KEY BI 33149	scayne, f	L			
V	CHIP	ργ	ALO CRANDON BLVD SUITE 32 4   21				מא	KEY B	ISCATNE	FL			
٧	TIPPANY ZIENTZ HECKLER					BUTE 31 #121				KEY BISCAYNE, FL			
٧	V ALLISON WEISS BRADY					SUITE 32 TILL				KEY BISCAYNE, FL			
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 filling 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.													
SIGNATURE: SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Details Deptime Phone #													