


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M50543 1. Entity Name MIAMI EDUCATIONAL FOUNDATION, INC.	
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Principal Place of Business 8900 NORTH KENDALL DRIVE MIAMI, FL 33176-2118	Mailing Address 8900 NORTH KENDALL DRIVE MIAMI, FL 33176-2118
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
 04 NOV -9 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10292004 REIN-P CR2E098 (6/04)

4. FEI Number 59-2813838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KATZEN, BARRY T. 1125 SAN PEDRO AVE CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete KATZEN, BARRY T.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042606714
NAME	1125 SAN PEDRO AVENUE	NAME	11/03/04--01069--025 **150.00
STREET ADDRESS	CORAL GABLES, FL 33156	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, GARY J	NAME	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331762118	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENENATI, JAMES F	NAME	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331762118	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEMEL, GERALD	NAME	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331762118	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ALEX	NAME	
STREET ADDRESS	8900 NORTH KENDALL DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry T. Katzen, M.D. Date: 11/2/04 786-596-5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR