

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

03 DEC -2 AM 10:27

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N00000007823

1. Corporation Name
WARE FOUNDATION, INC.

Principal Place of Business Mailing Address

~~801 BRICKELL AVE., 19TH FLOOR~~ ~~MIAMI FL 33131~~ ~~XX MIAMI FL 33131~~
6858 Granada Boulevard
Coral Gables, FL 33146

~~801 BRICKELL AVE., 19TH FLOOR~~ ~~MIAMI FL 33131~~ ~~XX MIAMI FL 33131~~
6858 Granada Boulevard
Coral Gables, FL 33146

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/22/2000

5. FEI Number
23-7286585

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
DP	WARE, MARTHA	6870 GRANADA BLVD.	CORAL GABLES FL 33146
DED	EDWARDS, MARK	6858 VERONESE 6858 Granada Boulevard	CORAL GABLES FL 33146
DV	KUIPER, ELIZABETH E	6870 GRANADA BOULEVARD	CORAL GABLES FL 33146
DST	WARE-SOUMAH, MORGAN	P.O. BOX 4581 P.O. Box 565548	CROFTON MD 21114 Miami, FL 33256

700025159097
 12/02/03--01041--003 **236.25

8. Name and Address of Current Registered Agent

BESSEMER TRUST COMPANY OF FLORIDA
801 BRICKELL AVE., 19TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Robert L. Trescott

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Boulevard #900

Suite, Apt. #, Etc.

City
Coral Gables,

State
FL

Zip Code
33134

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. or 617.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date **11/7/03**

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)(l), 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: **11/7/03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)