PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 25 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03512

1. Corporation Name
Friends of Gusman Center,Inc.

174 E Flagler Street
25 SE 2 Avenue

200042164932
10/25/04--01082--009 **245.00
REINSTATEMENT 04

2. Principal Office Address		**3.** Mailing Office Address	
174 E Flagler Street		25 SE 2 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 415	
City & State Miami,FL		City & State Miami,FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/5/1984

5. FEI Number 59-2455510 ☐ 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: Clyde Willis

Street Address (P.O. Box Number is Not Acceptable): One SE 3 Avenue

Suite, Apt. #, Etc.: 2100

City: Miami | State: FL | Zip Code: 33131

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: Clyde Willis — Date: 10/22/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	Bobby Gusman	25 SE 2 Avenue,#415	Miami,FL 33131
D	Mike Wharton	174 E Flagler Street	Miami,FL 33131
D	Clyde Willis	1 SE 3 Avenue,# 2100	Miami,FL 33131
D	Art Noreiga	190 NE 3 Street	Miami,Fl 33132

10/27

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: Clyde Willis CLYDE WILLIS — 10/22/04 — (305)374-1574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #