2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010508

FILED Oct 13, 2007 Secretary of State

Entity Name: ST. GREGORY'S COLLEGE ALUMNI FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: 18863 NW 89 AVENUE 1799 NE 164TH STREET HIALEAH, FL 33018 102 NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 18863 NW 89 AVENUE 17888 67TH COURT NORTH HIALEAH, FL 33018 LOXAHATCHEE, FL 33470 FEI Number: 20-5837353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANAM, OLIVER O DR INCORP SERVICES, INC 18863 NW 89 AVENUE 17888 67TH COURT NORTH HIALEAH, FL 33018 US LOXAHATCHEE, FL 33470 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. SIGNATURE: INCORP SERVICES, INC. 10/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete OLOSUNDE, PETER T BENSON, LIONEL O DR. Name: Name: Address: 210 KENSINGTON AVENUE Address: 2064 SILVERWOOD DRIVE City-St-Zip: TRENTON, NJ 08618 City-St-Zip: NEWTOWN, PA 18940 Title: () Delete Title: (X) Change () Addition GWAMNA, BITRUS DR. Name: Name: ODIASE, ANTHONY O Address: 511 WEST VINE STREET Address: 4144 PONTA ALTA DRIVE City-St-Zip: MOUNT PLEASANT, IA 52641 City-St-Zip: LOS ANGELES, CA 90008 Title: () Delete Title: (X) Change () Addition NOSEGBE, EDMUND CPA OGUNDELE, ADEBAYO CPA Name: Name: 2804 MARGARET MITCHELLE DRIVE Address: Address: 4272 N.154TH AVENUE City-St-Zip: ATLANTA, GA 30327 City-St-Zip: GOODYEAR, AZ 85338 Title: () Delete Title: () Change () Addition OHAI, ANTHONY Name: Name: 44 UNDERWOOD ROAD Address: Address: City-St-Zip: LEVITTOWN, PA 19056 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANAM, OLIVER O DR. AJEGBA, DANIEL Name: Name: 18863 NW 89 AVENUE 150 KILMAR STREET Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: ROCHESTER, NY 14621 Title: () Delete Title: (X) Change () Addition MUNIS, TONY ASIRU. DOLAPO Name: Name: Address: 2582 CENTERGATE DRIVE #102 Address: 9663 SANTA MONICA BLVD MIRAMAR, FL 33025 City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY OHAI D 10/13/2007