

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Farrell

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 6:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000799**

1. Corporation Name

THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.

Principal Place of Business

7900 ISLAND BOULEVARD
 WILLIAMS ISLAND FL 33160

Mailing Address

7900 ISLAND BOULEVARD
 WILLIAMS ISLAND FL 33160



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1995

5. FEI Number

65-0570404

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 |
|------------|-------------------------------------|--|--------------------------|
| D | TRUMP, STEPHANIE | 7900 ISLAND BOULEVARD | WILLIAMS ISLAND FL 33160 |
| D | TRUMP, EDDIE | 7900 ISLAND BOULEVARD | WILLIAMS ISLAND FL 33160 |
| D | FARRELL, JOHN | 7025 N. AUGUSTA DRIVE | MIAMI FL 33015 |
| D | BILZIN, BRIAN | 2324 North Bay Road | Miami Beach, FL 33140 |
| | | | <i>0143R TS</i> |

8. Name and Address of Current Registered Agent

FARRELL, JOHN
 7900 ISLAND BOULEVARD
 WILLIAMS ISLAND FL 33160

9. Name and Address of New Registered Agent

Name
Mr. Brian Bilzin
 Street Address (P.O. Box Number is Not Acceptable)
7900 Island Boulevard
 Suite, Apt. #, Etc.
 City
Williams Island State
FL Zip Code
33160

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.

Signature of Registered Agent *[Signature]*
 REGISTERED AGENT MUST SIGN

Date *10/25/01*

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)(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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/25/01*

Daytime Phone #

CR20040 (8/01)

"I Have a Dream" Foundation

of Miami, Florida, Inc.



October 25, 2001

VIA FEDERAL EXPRESS

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

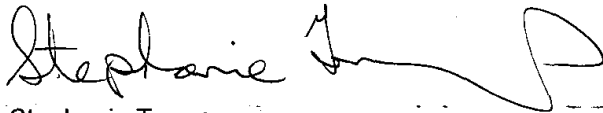
**Re: I have A Dream Foundation of Miami, Inc.
File #N95000000799**

Gentlemen:

Enclosed herewith for filing is our Application for Reinstatement. Please be advised that we request waiver of the reinstatement penalty as we received neither the rejected report nor subsequent letter of notice. For your convenience, enclosed is a copy of the report as originally filed together with our cancelled check for the annual filing fee.

Should you require any further, do not hesitate to contact the undersigned.

Very truly yours,



Stephanie Trump
President

ST:jaf
Enclosures