


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N95000000799</b> 1. Entity Name THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.	
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FILED  
08 OCT 31 PM 4:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4000 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160	Mailing Address 4000 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0570404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BILZIN, BRIAN BILZIN SUMBERG BRENA PRICE & AXELROD 200 SOUTH BISCAYNE BLVD., 25TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUMP, STEPHANIE			NAME	<b>400137491694</b>		
STREET ADDRESS	7900 ISLAND BOULEVARD			STREET ADDRESS	10/30/08--01037--009		**70.00
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUMP, EDDIE			NAME			
STREET ADDRESS	7900 ISLAND BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILZIN, BRIAN			NAME			
STREET ADDRESS	2324 NORTH BAY ROAD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			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			
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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ 10-26th-2008 305 931-5535

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