


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N95000000799**

1. Entity Name  
**THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.**



FILED  
08 OCT 31 PM 4:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4000 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160</b>	Mailing Address <b>4000 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160</b>
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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	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>	

**6. Name and Address of Current Registered Agent**

**BILZIN, BRIAN  
BILZIN SUMBERG BRENA PRICE & AXELROD  
200 SOUTH BISCAYNE BLVD., 25TH FLOOR  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$61.25 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.	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	TRUMP, STEPHANIE
STREET ADDRESS	7900 ISLAND BOULEVARD
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	TRUMP, EDDIE
STREET ADDRESS	7900 ISLAND BOULEVARD
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	BILZIN, BRIAN
STREET ADDRESS	2324 NORTH BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400137491694</b> <b>10/30/08--01037--009 **70.00</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 secretary 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 #