PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 18 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004486**

1. Corporation Name

BHS REAL ESTATE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8900 NORTH KENDALL DR. MIAMI FL 33176	6855 RED ROAD 5TH FLOOR CORAL GABLES FL 33143 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/1995 SP

5. FEI Number: 65-0611015 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	CARR, JAMES	9350 SUNSET DR #100	MIAMI FL 33173
VC	DICKINSON, WILLIAM	31 OCEAN REEF DR STE A101	KEY LARGO FL 33037
SD	BARKER, YERBY	10585 SW 109 CT STE 202	MIAMI FL 33176
TD	KAHN, III, S. LAWRENCE	80 SW 8 ST #1870	MIAMI FL 33130
D	SCHENKMAN, MD, JOEL	7867[illegible] KENDALL DR STE 100	MIAMI FL 33156
D	WESTON, J. SCOTT	6361 SW 87 TERR	MIAMI FL 33143

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEHMAN, ESQ JODY 6855 RED ROAD CORAL GABLES FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

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CR2E040 (8/00)

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 REQUIRED — Date: 10/16/2000
REGISTERED AGENT MUST SIGN

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 REQUIRED — 10-16-2000

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