


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000838		
1. Entry Name ADVOCACY FOUNDATION, INC.		
Principal Place of Business 490 N.W. 54TH ST MIAMI, FL 33101		Mailing Address PO BOX 610755 NORTH MIAMI, FL 33261

FILED
09 FEB 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02092009 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0753561	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SISKIND, MARTIN 301 74TH ST SUNNY ISLES, FL 33160		Name <u>MARK A. KAMILAR, ESQUIRE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2921 SW 27th Avenue</u> City <u>COCONUT GROVE</u> FL Zip Code <u>33133</u>	

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 MARK A. KAMILAR DATE 2/12/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISKIND, MARTIN 301 74TH ST SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>900143857039</u> <u>02/18/09--01004--012 **122.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KING, CHARLES B JR. 11500 GRIFFING BLVD. BISCAYNE PARK, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULWARE, RICHARD 87 MT. WASHINGTON STREET EVERETT, MA 02149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARTIN SISKIND, President FILE 12, 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/09