


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000001186 1. Entity Name MIAMI/MIAMI-DADE WEED & SEED, INC.			
Principal Place of Business 645 NW 62ND STREET SUITE 100 MIAMI, FL 33150		Mailing Address 645 NW 62ND STREET SUITE 100 MIAMI, FL 33150	
2. Principal Place of Business 100 N.E. 84 th Street Suite, Apt. #, etc. 250		3. Mailing Address 100 N.E. 84 th Street Suite, Apt. #, etc. 250	
City & State Miami, FL		City & State Miami, FL	
Zip 33138	Country FLORIDA	Zip 33138	Country FLORIDA
4. FEI Number 65-0821017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, ELAINE H 6015 NW 1ST AVE. MIAMI, FL 33127		7. Name and Address of New Registered Agent Name <u>Elaine Block</u> Street Address (P.O. Box Number is Not Acceptable) <u>6015 N.W. 7th AVE</u> City <u>Miami</u> FL Zip Code <u>33127</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$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	VC COLEY, GLORY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13334 NW 21ST AVE	NAME	600062122726
STREET ADDRESS	MIAMI, FL 33167	STREET ADDRESS	12/13/05--01048--006 **236.35
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T FUNCUS, FRED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1320 NW 62ND STREET	NAME	
STREET ADDRESS	MIAMI, FL 33147	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S BLACK, ELAINE H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3015 NW 7TH AVE	NAME	
STREET ADDRESS	MIAMI, FL 33127	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	C COOPER, KAREN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 NW 62 STREET	NAME	
STREET ADDRESS	MIAMI, FL 33127	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BAKER-BOUIE, SABRINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6161 NW 9TH AVENUE	NAME	
STREET ADDRESS	MIAMI, FL 33127	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 exemption stated in Section 119.07(3)(i), 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: <u>Elaine Block</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>12/1/05</u> Daytime Phone #: <u>305-751-8934</u>	

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Handwritten notes:
 T.S. 12/7/05