

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000009870

Entity Name: 4WARD MIAMI, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE, SUITE 1205
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE, SUITE 1205
CORAL GABLES, FL 33134**FEI Number:** 47-4438607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED CORPORATE SERVICES LLC
201 ALHAMBRA CIRCLE, SUITE 1205
CORAL GABLES, FL 33134 US*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.***SIGNATURE:** REGISTERED CORPORATE SERVICES LLC

11/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	CARDONA, JOE
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	COLYER, JACQUI
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FERNANDEZ, ALEXIS
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GOLIK, OLGA
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PARDO, DAMIAN
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ANDREWS, GEORGE
Address	201 ALHAMBRA CIRCLE, SUITE 1205
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLGA GOLIK**DIRECTOR**

11/12/2016

Electronic Signature of Signing Officer/Director Detail

Date