

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

2006 NOV 14 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703579 1. Entity Name MIAMI MULTIPLE SCLEROSIS ASSOCIATION, INC.	
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Principal Place of Business 717 PONCE DE LEON BLVD SUITE 215 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD SUITE 215 CORAL GABLES, FL 33134
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2. Principal Place of Business <p style="text-align: center; font-size: 1.5em; font-weight: bold;">SAME</p>	3. Mailing Address <p style="text-align: center; font-size: 1.5em; font-weight: bold;">SAME</p>
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Suite, Apt. #, etc. <p style="text-align: center; font-size: 1.5em; font-weight: bold;">223</p>	Suite, Apt. #, etc. <p style="text-align: center; font-size: 1.5em; font-weight: bold;">223</p>
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City & State	City & State
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Zip	Country	Zip	Country
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10242006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-0705947	Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERDIE AINSLEE R. SUITE 215 717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name <u>AINSLEE R. FERDIE</u> Street Address (P.O. Box Number is Not Acceptable) <u>717 PONCE DE LEON BLVD., STE 223</u> City <u>CORAL GABLES, FL</u> Zip <u>33134</u>
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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 *Ainslee R. Ferdie, VP.* DATE 11/09/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERDIE, AINSLEE R 717 PONCE DE LEON BLVD (STE 215) CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE 223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWARTZ, IDA 610 SW 21ST RD MIAMI, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 400081741674 11/13/06--01050--010 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RITTER, MRS. WILLIAM 511 BAY SHORE DR FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEGALL, MRS. SIDNEY 5831 NE 6TH CT MIAMI, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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 the empowered.

SIGNATURE: *Ainslee R. Ferdie* DATE 11/09/06 DAYTIME PHONE # (305) 445-3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AINSLEE R. FERDIE, V.P.

11/14/06

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LAW OFFICES OF AINSLEE R. FERDIE

SUITE 223

717 PONCE DE LEON BOULEVARD

CORAL GABLES, FLORIDA 33134-2048

TELEPHONE (305) 445-3557

TELECOPIER (305) 441-6401

E-MAIL: lawoffic@gate.net

AINSLEE R. FERDIE
STUART A. LONES

November 9, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Miami Multiple Sclerosis Association, Inc.
Federal Identification Number: 59-0705947
Document Number: 703579

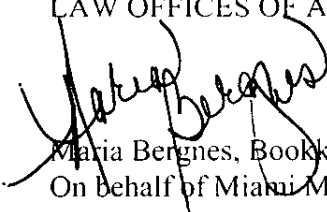
To whom this may concern:

Please note that we did not receive the 2006 Not -For-Profit Corporation Uniform Business Report for filing.

Enclosed is our check dated November 9th, 2006 in the amount of \$61.25 for the 2006 Annual Report along with the 2006 Not-For-Profit Corporation Reinstatement Form for your review.

Should you need additional information, please call our office.

Sincerely,
LAW OFFICES OF AINSLEE R. FERDIE


Maria Bergnes, Bookkeeper
On behalf of Miami Multiple Sclerosis Association, Inc.

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