PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703647

1. Corporation Name

UNITED WAY OF MIAMI-DADE, INC.

REINSTATEMENT 02

500008683935
10/30/02--01001--016 **245.00

Principal Place of Business	Mailing Address
3250 SW 3RD AVE THE ANSIN BLDG. MIAMI FL 33129	3250 SW 3RD AVE THE ANSIN BLDG. MIAMI FL 33129

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

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: 02/26/1962

5. FEI Number: 59-0830840 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MOGUL, HARVE A	1 SE E. 3RD AVENUE #2000	MIAMI FL
~~CBD~~	~~LACHER, JOSEPH~~	~~150 W FLAGLER ST STE 1901~~	~~MIAMI FL 33130~~
SD	BERMONT, PETER L	1 SE 3RD AVE STE-2950	MIAMI FL 33141
~~TD~~	~~OSBORN, MICHAEL~~	~~22 E FLAGLER ST~~	~~MIAMI FL 33131~~
CBD	Henriques, Adolfo	2800 Ponce De Leon Blvd. 15th Floor	Miami, Fl 33134
TD	Argiz, Tony	1001 Brickell Bay Drive 9th Floor	Miami, Fl 33131

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOGUL, HARVE A 3250 SW 3RD AVE MIAMI FL 33129	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/22/02
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 — HARVE A. MOGUL — 10/22/02 — 305-646-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #