## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT		FLORIDA DEPARTIVATIONS  TOF STATE  Secretary  DIVISION OF CORPORATIONS				FILED  09 DEC     PM 4: 33			
DOCUMENT # 708247  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE FLORIDA	
The Cloisters Foundation of St. Bernard de Clairvaux									98-09	
16711 M. Divio Highway 167					Mailing Office Address     Fighway			REINSTATEMENT		
Suite, Apt. #		1y <u> </u>	Suite, Apt. #, etc.					CR2E081 (12/08)		
City & State City & State								4. Date incorporated or Qualified To Do Business in Florida 12/15/1964		
	liami Bea		North Miami Beach, FL.				5. FEI Number Applied For 596165566 ✓ Not Applicable			
<sup>Zìp</sup> 33160			d States	Zip 33160	,	Cour <b>Unit</b>	ed States	6. CERTIFICATI	E OF STATUS DESIRED	
7. Name and Address of Current Registered Agent										
Name Ronald N. Fox								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
Street Address (P.O. Box Number is Not Acceptable) 2025 NE 164 Street										
Suite, Apt. #, Etc. Apt. 1004							received and requesting the reinstatement fee be waived.			
City North Miami Beach							Zip Code 33162	000162347858 10/30/0901032006 **245.00		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, E.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN										
9. Names	and Street A	ddresses	of Each Officer and	Vor Director (Flo	orida nonpro	fit comp	orations must list at le	east 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Directo					City / State / Zip	
Р	The Rev	onald N. Fox		2025 NE 164 Street, Apt. 1004			004	North Miami Beach, FL. 33162		
VP	Mr. Rob	gess		468 NE 100 Street				Miami Shores, FL. 33138		
ם	Mrs. Ela	milton		840 Gazetta Way				West Palm Beach, FL. 33413		
Т	Mr. Mich	alker		707 NE 112 Street				Biscayne Park, FL. 33161		
S	Ms. Dor	_aRoche		1326 Alexander Bend				Weston, FL. 33327		
D	.Rubyanı	shaw		432 NW 111 Terrace				Miami Shores, FL. 33168		
10. 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 contained in Chapter 119, 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:  Ronald N. Fox  10/24/09  305-945-1461  Daytime Phone #										