PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.												
	RPORATI STATEM			S	DEPART Secretary SION OF C	y of St		Έ		F1 08 0CT -	LEC 2 AM	
DOCUMENT # 713210 1. Corporation Name								+	TALLAHASSEE, FLORIDA			
Miami Pioneers/Natives of Dade, Inc.												
2. Principal Office Address - No P.O. 8ox # 3. Mailing Office						ce Address			10/02/	/080103800	j2 ∓	∲1 7.50
822 Ma		iana Avenue				oen Oen	STACR2EOBT (10		06-08			
Suite, Apt. #		-		Suite, Apt. #, e					IIIIIIIIIIIIIII O6 -08			
									Date Incorporated or Qualified To Do Business in Florida 3/20/1986			
City & State City & Sta					,							
Coral C	Gables I	FL 33	134	Coral Gables FL 33134				5. FEI Number Applied For 590746816 Not Applicable				
Zip		Country	-	Zip		Count	-		6. CEDTIFICATE	or other people		dditional Fee required
33134-	34-2414 USA			33134-24	414	USA	4		CERTIFICATE OF STATUS DESIRED for a Certificate of Statu			
7. Name and Address of Current Registered Agent												
Name Janet S	S. Engli	sh						-	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
			er is Not Acceptable	p)								
822 Mariana Avenue								, ,	are certifying the prior notices were not			
Suite, Apt. #, Etc.								ļ	received and requesting the reinstatement			
city Coral (State Zip Code FL 33134				fee be waived.						
8. I, being	appointed th	ne_registe	red agent of the abo	ve named corpo	ration, am	familiar	with and accept	the ot	bligations of section	on 607.0505 or 617.0503,	F.S.	
Signature of Registered Agent Agent Signature Agent REGISTERED AGENT MUST SIGN									Date 9/30/2608			
9. Names	and Street /	Addresse	s of Each Officer an	d/or Director (Flo	xrida nonpr	ofit corp	orations must lis	st at le:	ast 3 directors)			
Titles		Office	Name of ers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
Р	Edwar	Edward W. English, Sr.				822 Mariana Avenue				Coral Gables FL 33134		
VP	Robert A. Burr				314 F	314 Romano Avenue			ļ 	Coral Gables FL 33134		
VP	Alvin M. Samet				5724 Michelangelo Street				eet	Coral Gables FL 33146		
RS	Janet S. English				822 Mariana Avenue					Coral Gables FL 33134		
cs	Joy M. McGarry				6261 SW 36 Street					Miami FL 33155		
T	Joseph	n H. F	itzgerald	1720 S. Bayshore Lane				е	Miami FL 33133			
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 filling 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: Janet S. English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 448-5374 Daytime Phone # 9/30/2008 Date