

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 731203

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** M.C.P.B.A FOUNDATION, INC.

**Current Principal Place of Business:**

6102 NW 7TH AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

480 NW 11 STREET  
MIAMI, FL 33101

**Current Mailing Address:**

P.O.BOX 015563  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:** 59-2531825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYNOLDS, VERNELL  
9941 NW 21 AVENUE  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

JEAN-POIX, STANLEY  
19610 NE 23 AVENUE  
MIAMI, FL 33180 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: STANLEY JEAN-POIX

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JEAN-POIX, STANLEY  
Address: 19610 NE 23 AVENUE  
City-St-Zip: MIAMI, FL 33180

Title: VD  
Name: SLOAN, TRACI  
Address: PO BOX 55-2050  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD  
Name: GUASE, CHERISE  
Address: 400 NW 2 AVENUE  
City-St-Zip: MIAMI, FL 33128

Title: T  
Name: MARBURY, SHARON  
Address: 480 NW 11 STREET  
City-St-Zip: MIAMI, FL 33101

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: STANLEY JEAN-POIX

PD

01/17/2011

Electronic Signature of Signing Officer or Director

Date