PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN 30 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/08--01033--013 **420.00

CR2E081 (12/07)

DOCUMENT # 740444

1. Corporation Name
MANFRED Memorial Foundation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2850 SW 27 Ave	2850 SW 27 Ave
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country: Miami-Dade	Zip: 33133 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business In Florida: 10/14/1977

5. FEI Number: 592089153 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GUSTAVO A. BETANCOURT
Street Address (P.O. Box Number is Not Acceptable): 2850 SW 27 Ave
Suite, Apt. #, Etc. —
City: Miami State: FL Zip Code: 33133

☐ 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 received and requesting the reinstatement fee be waived.

REINSTATEMENT 05-08

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, F.S.

Signature of Registered Agent: [signature] Date: 1/10/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marcus Zillman	2850 SW 27 Ave	Miami, FL 33133
V	Deborah Mcleod	2850 SW 27 Ave	Miami, FL 33133
T	Mario Perez	2850 SW 27 Ave	Miami, FL 33133
S	Nora Madan	2850 SW 27 Ave	Miami, FL 33133
D	Gustavo A. Betancourt	2850 SW 27 Ave	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 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: Nora Madan NORA MADAN 1/28/08 305-445-9136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #