

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 SEP 22 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 740444

1. Corporation Name

Manfred Memorial Foundation, Inc.

2. Principal Office Address

2850 SW 27 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33133

Country

USA

Zip

Country

4. Date of Incorporation or Qualification  
To Do Business in Florida

03/22/93 04051-007 \*\*\*306.25  
10/14/1977

5. FEI Number

59-2089153

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

George Lutz

Street Address (P.O. Box Number is Not Acceptable)

2850 SW 27 Ave

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State

FL

Zip Code

33133

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

*George Lutz*  
REGISTERED AGENT MUST SIGN

Date 9/16/2003

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
D	Clarke Campbell-Evans	2850 SW 27 Ave, 2nd Floor	Miami FL 33133
D	Gustavo Betancourt	2850 SW 27 Ave, 2nd Floor	Miami FL 33133
D	Richard Rowland	2850 SW 27 Ave, 2nd Floor	Miami FL 33133
D	Cathy McCann	2850 SW 27 Ave, 2nd Floor	Miami FL 33133
D	Carlos Otero	2850 SW 27 Ave, 2nd Floor	Miami FL 33133
D	Kim King Torres	2850 SW 27 Ave, 2nd Floor	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 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:

*Clarke Campbell-Evans*

Clarke Campbell-Evans

9/16/2003

305/445-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)