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JUN-07-04 09:54AM FROM-
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744103

1. Corporation Name
THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COUNTY, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
200 South Biscayne Boulevard	200 South Biscayne Boulevard
Suite, Apt. #, etc.: Suite 505	Suite, Apt. #, etc.: Suite 505
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1978

5. FEI Number: 59-1855923 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dade Community Foundation, Inc.

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 505

City: Miami State: FL Zip Code: 33131

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] PRESIDENT Date: 6/2/04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	ANZIVINO, JOHN R.	2699 S. Bayshore Drive	Miami, FL 33131
D	SHOPAY, REBECCA	9600 NW 38th Street	Miami, FL 33178
D	CANIDA, TERE	1001 Brickell Bay Drive, Suite 2100	Miami, FL 33131
D	BAKER, IXCHEL M.	482 NW 165th Street, Suite A405	Miami, FL 33169
DP	LEVASSEUR, DONNA	200 S. Biscayne Blvd	Miami, FL 33131

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 6/2/04 (305) 982-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H04000117856

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From: Diana Guerra, Ext. 4546
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
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CORPORATION REINSTATEMENT

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COUNTY,

Certificate of Status	0
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