

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 744103

FILED
Feb 11, 2014
Secretary of State

Entity Name: THE COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

New Mailing Address:

FEI Number: 65-0082772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MIAMI FOUNDATION
200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

Name and Address of New Registered Agent:

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: THE MIAMI FOUNDATION

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MARTINEZ, XAVIER
Address: 200 SOUTH BISCAYNE BLVD. SUITE 505
City-St-Zip: MIAMI, FL 33131 US

Title: DVP
Name: WITHERSPOON, LIBBY
Address: 200 SOUTH BISCAYNE BLVD. SUITE 505
City-St-Zip: MIAMI, FL 33131 US

Title: DTS
Name: ANZIVINO, JOHN
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131 US

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: THE MIAMI FOUNDATION

Electronic Signature of Signing Officer or Director

CEO

02/11/2014

Date