2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 754945

FILED Oct 16, 2004 Secretary of State

Entity Name: CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: C/O 1009 E. PONCE DE LEON BLVD. CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** C/O 1009 E. PONCE DE LEON BLVD. CORAL GABLES, FL 33134 FEI Number: 59-6153542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPSLEY, BARBARA J 3727 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LAPSLEY, BARBARA J LAPSLEY, BARBARA J Name: Name: 3727 PONCE DE LEON BLVD Address: 3727 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: RSD Title: (X) Change () Addition () Delete SCHAEFER, PAM Name: SCHAEFER, PAM Name: Address: 6370 SW 102 ST Address: 6370 SW 102 ST City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156 Title: **VDVP** () Delete Title: VPD (X) Change () Addition TILSON, SUSAN NOBLES, CAROL Name: Name: 10020 SW 82ND TER Address: 7360 SW 166 ST Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33173 Title: CSD () Delete Title: VPD (X) Change () Addition Name: COLLIER, MICHELLE Name: BLACK, MARTHA 16720 SW 74TH AVE Address: 16250 SW 83RD ST Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 38 Title: () Delete Title: () Change (X) Addition SUAREZ, CARMEN Name: Name: 1314 MILAN AVE Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: () Change (X) Addition SCHAEFER, SANDY Name: Name: Address: Address: 6370 SW 102 ST MIAMI, FL 33156 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBAR J. LAPSLEY D 10/16/2004