

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 PM 12:15

DOCUMENT # M50543

1. Entity Name
MIAMI EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

8900 NORTH KENDALL DRIVE
MIAMI, FL 33176-2118

Mailing Address

C/O BARRY T. KATZEN, M.D.
8900 N. KENDELL DRIVE
MIAMI, FL 33176-2118



REINSTATEMENT 2008 ^{Ks}

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2813838

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZEN, BARRY T
1125 SAN PEDRO AVE
CORAL GABLES, FL 33143

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

800137793458
10/08--01059--004 **558.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME KATZEN, BARRY T
STREET ADDRESS 1125 SAN PEDRO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D
NAME BENENATI, JAMES F
STREET ADDRESS 8900 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 331762118

TITLE D
NAME ZEMEL, GERALD
STREET ADDRESS 8900 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 331762118

TITLE D
NAME POWELL, ALEX
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12/15/08-01064-016 \$200.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #