

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 13 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO100003023

1. Corporation Name

THE SOUTH MIAMI COMMUNITY REDEVELOPMENT AGENCY
FOUNDATION, INC.

2. Principal Office Address

6130 SUNSET DRIVE

Suite, Apt. #, etc.

City & State

SOUTH MIAMI, FLORIDA

Zip

33143

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/30/2001

5. FEI Number

311803315

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

EVE A. BOUTSIS

Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVENUE

Suite, Apt. #, Etc.

SUITE 301

City

MIAMI

State

FL

Zip Code

33133

800044705328
01/13/05--01057--017 **367 50

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

Eve A. Boutsis

REGISTERED AGENT MUST SIGN

Date

1/12/05

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
P	MARIA V. DAVIS	6130 SUNSET DRIVE	MIAMI, FL 33143
S	MARIA MENENDEZ	6130 SUNSET DRIVE	MIAMI, FLORIDA 33143
T	HAKEEM OSHIKOYA	6130 SUNSET DRIVE	MIAMI, FLORIDA 33143
D	MARY SCOTT RUSSELL	6130 SUNSET DRIVE	MIAMI, FLORIDA 33143
D.	VELMA PALMER	6130 SUNSET DRIVE	MIAMI, FLORIDA 33143
D.	RANDY WISCOMBE	6130 SUNSET DRIVE	MIAMI, FLORIDA 33143

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:

Maria Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/05

Daytime Phone #

305-668-2510

CR2E081 (01/05)