2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N02000003604

Entity Name: BAND OF THE HOUR ASSOCIATION OF ALUMNI AND FRIENDS, INC.

Current Principal Place of Business:

5501 SAN AMARO DR
FILLMORE HALL 201
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5501 SAN AMARO DR
FILLMORE HALL 201
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 01-0691102 **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:

LEWIS, RICHARD C
9130 S DADELAND BLVD, STE 1209
MIAMI, FL 331567848 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: RICHARD C. LEWIS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BALDATTI, BONNIE
Address: 96000 OVERSEAS HWY, APT W5
City-St-Zip: KEY LARGO, FL 33037

Title: DVP ( ) Delete
Name: BAGIEREK, JOSEPH
Address: 1373 SW 23RD STREET
City-St-Zip: MIAMI, F 33145

Title: DT ( ) Delete
Name: MIZRACHI, MELINDA
Address: 5501 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33145

Title: DEXS ( ) Delete
Name: TALLMAN, HELEN
Address: 7601 SW 94 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: DRS ( ) Delete
Name: ROSENBERG, NANCY
Address: 13030 N CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

Title: DPP ( ) Delete
Name: LASSO, CYNTHIA
Address: 7769 GRANDE STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH BAGIEREK DVP 02/19/2009

Electronic Signature of Signing Officer or Director — Date