

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05



09192005 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N02008005001</b> 1. Entity Name <b>MIAMI DADE CHAMBER FOUNDATION, INC.</b>					
Principal Place of Business <b>9190 BISCAYNE BOULEVARD SUITE 201 MIAMI, FL 33138</b>			Mailing Address <b>9190 BISCAYNE BOULEVARD SUITE 201 MIAMI, FL 33138</b>		
2. Principal Place of Business <b>11380 N.W. 27th Avenue Suite, Apt. #, etc. Suite 1328 City &amp; State Miami, Florida Zip 33167 Country USA</b>		3. Mailing Address <b>11380 N.W. 27th Avenue Suite, Apt. #, etc. Suite 1328 City &amp; State Miami, Florida Zip 33167 Country USA</b>		4. FEI Number <b>56-2262473</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>HOLLOWAY, WILBERT T 17831 NW 28TH COURT MIAMI, FL 33056</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>				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 <u><i>Wilbert T. Holloway</i></u> <b>Wilbert T. Holloway</b> <u>11-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, WILBERT T 17831 NW 28TH COURT MIAMI, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO William Diggs 11380 N.W. 27th Avenue, Suite 1328 Miami, Florida 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MERVIS 900 SW 100TH TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060922740 10/25/05--01057--001 **175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHNNIE 2171 NW 65TH STREET MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060922740 10/25/05--01057--002 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Johnnie Williams</i></u> <b>Johnnie Williams</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9-8-05</u> (305) 751-8648 <small>Date Daytime Phone #</small>		