2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2005
Secretary of State

DOCUMENT# N02000007281

Entity Name: URBAN DREAMS FOUNDATION,INC.

Current Principal Place of Business:

1610 NW 179 TERRACE
MIAMI, FL 33169

New Principal Place of Business:

1610 NW 179 TERRACE
MIAMI GARDENS, FL 33169

Current Mailing Address:

P.O. BOX 694286
MIAMI, FL 33269 US

New Mailing Address:

1610 NW 179 TERRACE
MIAMI GARDENS, FL 33169 US

FEI Number: 05-0533878 **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:

VENCHES JOANNE PAPILLON
1610 NW 179 TERRACE
MIAMI GARDENS, FL 33169 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: VENCHES JOANNE PAPILLON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIRE ( ) Delete
Name: PAPILLON, VENCHES J
Address: 1610 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169 US

Title: ASST ( ) Delete
Name: PAPILLON, GHISLAINE
Address: 1610 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169 US

Title: VP ( ) Delete
Name: PAPILLON, ARTHUR JR
Address: 1610 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169 US

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:

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: VENCHES JOANNE PAPILLON DIR 10/12/2005
Electronic Signature of Signing Officer or Director — Date