2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVEE AND FILEC

OR MAY 25 AM IO. 22

| DOCUMENT # N0200009751 1. Entity Name MCNAMARA FAMILY FOUNDATION, INC. | | | | SEC | SECRETARY OF STATE FALL AHASSEF, FLORIDA | | |
|--|--|---|---|--|--|--|--|
| | | Mailing Address 781 CRANDON BLVD APT KEY BISCAYNE, FL 3314 | | F 188 WHAT BAT SERVE SHATE BATTER | MI BBU BBU BBU BBU BBU BBU IBBU AND IIII | T EI 1791 | |
| 2 Principal Pt | ace of Business | 3. Mailing Address | | | 22 | | |
| Principal Place of Business 2000 PONCE DE. LEON BLVD. | | 2000 PONCE DE LEON BLVD. | | | 294 MRITE MUTTO AMILE MARION JANES KOMMI DIFOT REMITO | IN MI 1888) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05112006 REIN-NF | P CR2E099 (11/05) | | |
| | | SUITE 500 | | | | | |
| City & State | | City & State | | 4. FEI Number 14-1861856 | | lied For | |
| CORAL GA | BLES, FL Country | CORAL GABLES, FL | Country | 14-1601000 | | Applicable | |
| 1 | Country | 33134 | Country | 5. Certificate of Status D | Desired X \$8.75 Additi | onal | |
| 33134 | 6. Name and Address of Current I | | | 7. Name and Address of | of New Registered Agent | | |
| | TT 050,075050 1,051,17.00 | 2222.712.1 | Name | | | | |
| 1 | ITÉ REGISTÈRED AGENT CO (ELL AVE STE 3000 | RPORATION | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL | | | | Siteer Address (r. C. Dox Number is Not Acceptable) | | | |
| | | | | | | | |
| · | | | City | FL Zip Code | | | |
| 8. The above | | r the purpose of changing its re | egistered office or | registered agent, or both, in the St | tate of Florida. I am familiar with, ar | nd accept | |
| | named entity submits this statement for | | - | | | | |
| | named entity submits this statement for ions of registered agent. | RICH | ARD P. S | | 5/1 | | |
| | | les VICE | PRESIDEN | SILLS OF WTASTATE REG. AGENT CONSIDER required when rejustating) | 5/18/06 DATE | | |
| the obligati | ions of registered agent. | les VICE | PRESIDEN | TO FINTHASTATE | DATE Make check payable to Florida Department of Sta | te | |
| the obligati | Signature, typed or printed name of registered agent | RICHTY VICE A | PRESIDEN | TOF INTASTATE REG. ASENT CONTINUES TO THE PROPERTY OF THE PROP | DATE Make check payable to | | |
| SIGNATURE - FILE 10. | Signature, typed or printed name of registered agent to DFFICERS AND DIF | RICHTY VICE A | PARSIDEN Registered Agent sign 11. TITLE | ADDITIONS/CHANGES TO | Make check payable to Florida Department of Sta | | |
| SIGNATURE - FILE 10. TITLE NAME | Signature, typed or printed name of registered agent to Defend the Company of the | RICHTY VICE AND AND THE RECTORS | PARSIDEN Registered Agent sign 11. TITLE NAME | ADDITIONS/CHANGES TO D MCNAMARA, JAMES M | Make check payable to Florida Department of Sta OFFICERS AND DIRECTORS IN 1 | 0 | |
| SIGNATURE - FILE 10. | Signature, typed or printed name of registered agent to DFFICERS AND DIF | RICHTY VICE AND AND THE RECTORS | PARSIDEN Registered Agent sign 11. TITLE | ADDITIONS/CHANGES TO | Make check payable to Florida Department of Sta O OFFICERS AND DIRECTORS IN 1 Change VD. SUITE 500 | 0 | |
| SIGNATURE _ FII 10. 1iTLE NAME STREET ADDRESS CITY-SI-ZIP | Signature, typed or priviled name of registered agent a LE NOW!!! FEE IS \$297.50 OFFICERS AND DIF D MCNAMARA, JAMES M 781 CRANDON BLVD APT 1601 | RICHTY VICE / | POPES/ DEN Registered Agent sign 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO D MCNAMARA, JAMES M 2000 PONCE DE LEON BL | Make check payable to Florida Department of Sta O OFFICERS AND DIRECTORS IN 1 Change VD. SUITE 500 | O Addition | |
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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 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:

| SIGNATURE | Date | Daylone Prone 1