


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 25 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009751			
1. Entity Name MCNAMARA FAMILY FOUNDATION, INC.			
Principal Place of Business 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149		Mailing Address 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149	
2. Principal Place of Business 2000 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 500 City & State CORAL GABLES, FL Zip 33134 Country		3. Mailing Address 2000 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 500 City & State CORAL GABLES, FL Zip 33134 Country	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Richard P. Sills</u> <i>Richard P. Sills</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE <u>5/18/06</u> VICE PRESIDENT OF INTRASTATE REG. AGENT CORP.			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, JAMES M 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, JAMES M 2000 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, ELIZABETH 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, ELIZABETH 2000 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, LANA 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, LANA 2000 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, CHRISTINE 781 CRANDON BLVD APT 1601 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, CHRISTINE 2000 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000075577620 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/01/06--01006--004 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE: Richard P. Sills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 5-12-06 ✓

5/3/06