

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009909

FILED
Oct 14, 2009
Secretary of State

Entity Name: STUART A. MILLER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

700 N.W. 107TH AVENUE
ATTENTION: STUART MILLER
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

700 N.W. 107TH AVENUE
ATTENTION: STUART MILLER
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 37-1452682 **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:

Name and Address of New Registered Agent:

BRIAN L. BILZIN, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 2500
MIAMI, FL 33131 US

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: BRIAN L. BILZIN, P.A.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, STUART A
Address: 700 N.W. 107TH AVENUE, 4TH FLOOR
City-St-Zip: MIAMI, FL 33172 US

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

Title: D () Delete
Name: BILZIN, BRIAN L
Address: 200 S BISCAYNE BLVD STE 2500
City-St-Zip: MIAMI, FL 33131

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

Title: D () Delete
Name: AMES, MARSHALL H
Address: 700 N.W. 107TH AVENUE, 4TH FLOOR
City-St-Zip: MIAMI, FL 33172 US

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: STUART A. MILLER

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date