
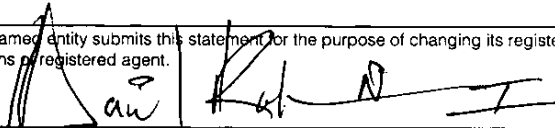
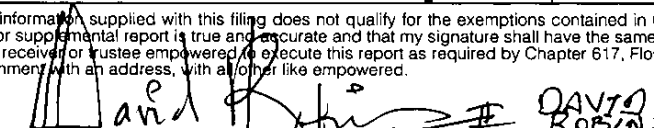


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005449 1. Entity Name B.T.W. CLASS OF 1957 FOUNDATION, INC.						FILED 07 OCT 11 AM 11:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 16120 SW 107TH PLACE MIAMI, FL 33157				Mailing Address 10200 SW 140 ST MIAMI, FL 33176			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address 10200 SW 140 St. MIAMI, FL 33176			
City & State MIAMI FL				4. FEI Number 65-1194376			
Zip 33176				Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ROBINSON, DAVID II 10200 SW 140 STREET MIAMI, FL 33176			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A 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  10/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50				** In accordance with s. 607.193(2)(b), F.S., the ** ** corporation did not receive the prior notice. **			
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
TITLE PCEO <input type="checkbox"/> Delete NAME GLOVER, JOHN STREET ADDRESS 12735 STONEBROOK DRIVE CITY-ST-ZIP DAVIE, FL 33330				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 300110667608 10/11/07--01010--030 **\$1.25			
TITLE AT <input type="checkbox"/> Delete NAME MATHIS, DELORES STREET ADDRESS 3430 NW 95TH STREET CITY-ST-ZIP MIAMI, FL 33147				TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MICKEY, CARRIE BRYANT STREET ADDRESS 16120 SW 107TH PLACE CITY-ST-ZIP MIAMI, FL 33157			
TITLE GC <input type="checkbox"/> Delete NAME ROBINSON, DAVID II STREET ADDRESS 10200 SW 140TH STREET CITY-ST-ZIP MIAMI, FL				TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PERKINS, WALTER STREET ADDRESS 8015 NW 21 AVENUE CITY-ST-ZIP MIAMI, FL 33147			
TITLE S <input type="checkbox"/> Delete NAME BURKE, PERNELLA STREET ADDRESS 1380 NW 96 STREET CITY-ST-ZIP MIAMI, FL 33147				TITLE GENERAL COUNSEL <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVID ROBINSON, II STREET ADDRESS 10/5/07 (305) 9446 CITY-ST-ZIP			
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:  DAVID ROBINSON, II 10/5/07 (305) 9446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							