## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000009344

FILED Dec 06, 2006 Secretary of State

Entity Name: STUDENT ARTISTIC FINANCIAL FOUNDATION, INC

Current Principal Place of Business: New Principal Place of Business:

555 NE 15TH ST., 7TH FLOOR, SUITE 7730 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

 $555~\mathrm{NE}$  15TH ST., 7TH FLOOR, SUITE 7730 MIAMI, FL 33132

FEI Number: 52-2412879 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:

GONZALEZ, MARTHA DAVIS, NICOLE 555 NE 15TH ST SUITE 7730 555 NE 15TH ST SUITE 7730 MIAMI, FL 33132 US MIAMI, FL 33132 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: NICOLE DAVIS 12/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ()Delete Title: ()Change ()Addition

 Name:
 GONZALEZ, MARTHA
 Name:

 Address:
 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
 Address:

Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7/30 Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip:

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: SEMINARIO, PAOLA Name: DAVIS, NICOLE

Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730 Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: D (X) Delete Title: ( ) Change ( ) Addition

Name: JONES, EBONY Name:

 Address:
 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
 Address:

 City-St-Zip:
 MIAMI, FL 33132
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA GONZALEZ TD 12/06/2006