2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# N04000000432

Entity Name: 82.5 MILE FUND, INC.

Current Principal Place of Business:

7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-0616256 **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:

LIVESAY, VICTORIA
7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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: VICTORIA LIVESAY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PSD	( ) Delete
Name:	BARRY, PATRICK J	
Address:	7850 N.W. 146TH ST., STE. 508	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	VTD	( ) Delete
Name:	LIVESAY, VICTORIA	
Address:	1911 N.W. 106TH TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	GOMEZ, MARTA	
Address:	1723 W. 55TH PL.	
City-St-Zip:	HIALEAH, FL 33012	
Title:	D	( ) Delete
Name:	JAEN, JOSE A M.D.	
Address:	7100 W. 20TH AVE.	
City-St-Zip:	HIALEAH, FL 33016	
Title:	D	( ) Delete
Name:	EDGE, SETH	
Address:	17001 S.W. 92ND CT.	
City-St-Zip:	PALMETTO BAY, FL 33157	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PATRICK J BARRY PSD 10/04/2007
Electronic Signature of Signing Officer or Director — Date