


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000012002 1. Entity Name THE VIVIAN VILLARREAL FOUNDATION, INC.			FILED 05 OCT 31 PM 5:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 6300 STIRLING RD HOLLYWOOD, FL 33024		Mailing Address 6300 STIRLING RD HOLLYWOOD, FL 33024	
2. Principal Place of Business		3. Mailing Address <i>6625 Miami Lakes Dr</i>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. <i>382</i>	
City & State _____		City & State <i>Miami Lakes Fl. 33014</i>	
Zip _____	Country _____	Zip <i>33014</i>	Country <i>USA</i>
4. FEI Number _____		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARLEY, FRANK E III 6625 MIAMI LAKES DR SUITE 382 MIAMI LAKES, FL 33014		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$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 <input type="checkbox"/> Delete VILLARREAL, VIVIAN 6300 STIRLING RD HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOWERS, ELROD 6300 STIRLING RD HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061038650 10/31/05--01015--008 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARLEY, FRANK E III 6625 MIAMI LAKES DR SUITE 382 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>FR 10/31</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Frank E Marley III</i>		Date: <i>10/21/05</i>	Daytime Phone #: <i>305-777-3832</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>