2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N06000003432 1. Entity Name 08 FEB 19 AM 8: 53 PHYLICIA JESSICA BERNARD FOUNDATION INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9032 SW 152ND STREET 9032 SW 152ND STREET MIAMI, FL 33157 MIAMI. FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Name and Address of Current Registered Agent — Name BERNARD, ANTHONY P 9032 SW 152ND STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33157 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 Signature, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHAR TITLE ☐ Delete TITLE ☐ Change Addition NAME GREER, DR. TED JR NAME 200118324982 02/19/08--01032--006 **122,50 STREET ADDRESS 9032 SW 152ND STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LAROCHE, JACQUES R NAME NAME STREET ADDRESS 9032 SW 152ND STREET STREET ADDRESS CITY-ST-78P MIAMI, FL 33157 CITY-ST-ZIP SEC TITLE Delete TITLE ☐ Change Addition FRANCIS, LEON NAME NAME 9032 SW 152ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE Delete TM F ☐ Change Addition BERNARD, ANTHONY P NAME NAME STREET ADDRESS 9032 SW 152ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: LONGULAN TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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