2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000004093

Entity Name: VIRGINIA SMITH SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

3950 NW 177TH STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

1766 NW 95TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-4686533 **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:

MORTIMER, LA FARIES Y
3230 NW 151 TERRACE
OPA LOCKA, FL 33054 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: LAFARIES MORTIMER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KEMP, PATTY L
Address: 3950 NW 177TH STREET
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete
Name: MCFADDEN, FAYE
Address: 510 N.W. 17TH STREET APT 4A
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: GRIFFIN, KANISHA S
Address: 6101 SANDY BANKS TERRACE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: MORTIMER, LA FARIES
Address: 3230 NW 151 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: KEMP, JOHNNY L
Address: 3950 NW 177TH STREET
City-St-Zip: MIAMI, FL 33055

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: LAFARIES MORTIMER RA 03/20/2009

Electronic Signature of Signing Officer or Director — Date