

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -2 AM 11:02

**DOCUMENT #** N06170

**1. Corporation Name**

MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.

**2. Principal Office Address**

4100 Praire Avenue

**3. Mailing Office Address**

4100 Praire Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33140

Country

USA

Zip

33140

Country

USA

**REINSTATEMENT 85-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/14/84

**SP**

**5. FEI Number**

592490580

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

STEPHANIE MONTAIGNE

600004527466--3

Street Address (P.O. Box Number is Not Acceptable)

4100 Praire Avenue

-08/09/01--01074--002

\*\*\*\*\*8.75 \*\*\*\*\*8.75

Suite, Apt. #, Etc.

600004527466--3

-08/09/01--01074--003

\*\*\*1216.25 \*\*\*1216.25

City

Miami Beach, Florida

State

FL

Zip Code

33140

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

STEPHANIE MONTAIGNE

Signature of

Registered Agent

*Stephanie Montaigne*  
REGISTERED AGENT MUST SIGN

Date 07-23-01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. Dir.	Lauren Ackerman	4100 Praire Avenue	Miami Beach, Fla. 33140
VP Dir.	Elaine Roden	4100 Praire Avenue	Miami Beach, Fla. 33140
VP Dir.	Karen Vaccaro	4100 Praire Avenue	Miami Beach, Fla. 33140
VP Dir.	Shari Lombardi	4100 Praire Avenue	Miami Beach, Fla. 33140
TREAS Dir.	Leonor Hernandez	4100 Praire Avenue	Miami Beach, Fla. 33140
SECRE PARL.	Lorraine Lusky	4100 Praire Avenue	Miami Beach, Fla. 33140
	Leslie Graff	4100 Praire Avenue	Miami Beach, Fla. 33140

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

LAUREN ACKERMAN (President & Director)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01 305-866-4236

Date

Daytime Phone #

CR2E081 (9/00)