



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000010781 1. Entity Name ACADEMICS, ARTS, ATHLETICS FOUNDATION, INC.						03 NOV 19 PM 4:25 MIAMI, FL 33130	
Principal Place of Business 11040 SW 40 STREET MIAMI, FL 33165				Mailing Address 11040 SW 40 STREET MIAMI, FL 33165			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number				11172008 REIN-NP CR2E099 (1/07)			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RIERA, MANUEL 11040 SW 40 STREET MIAMI, FL 33165				Name <u>Robert M. O'Malley, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>155 South Miami Ave</u> <u>9th Floor Justice Building</u> City <u>Miami, FL</u> Zip Code <u>33130</u>			
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>11/17/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
P	RIERA, MANUEL	11040 SW 40 ST	MIAMI, FL 33165		700138084757 11/19/08--01031--002 **70.00		
VP	FERRER, MANUEL	11040 SW 40 STREET	MIAMI, FL 33165	<input type="checkbox"/> Delete			
VP	DIAZ, MANUEL JR	11040 SW 40 STREET	MIAMI, FL 33165	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
				DATE <u>11/17/08</u> <small>Date</small>			

11/19/08