2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# N08000006872

Entity Name: MATER ACADEMY FOUNDATION, INC.

Current Principal Place of Business:

7901 NW 103RD STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

7901 NW 103RD STREET
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 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: NRAI SERVICES, INC.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROCA, ANTONIO L
Address: 2601 SOUTH BAYSHORE DRIVE SUITE 600
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: SADESKY, SHANNIE
Address: 506 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: BLANCH, ROBERTO
Address: 201 ALHAMBRA CIRCLE SUITE 1102
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: GARCIA, JUAN
Address: 18803 NW 89 AVE
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete
Name: NUEVO, ELIZABETH
Address: 10181 NW 58 STREET #13
City-St-Zip: MIAMI, FL 33178

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: ANTONIO ROCA D 10/29/2009
Electronic Signature of Signing Officer or Director — Date