PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N32358

1. Corporation Name

CHILDREN'S FOUNDATION OF GREATER MIAMI, INC.

Principal	Place	of B	lusiness								

Mailing Address

800 N. W. 15TH STREET MIAMI FL 33136-1495 800 NW 15TH STREET MIAMI FL 33136-1495

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above a	iddresses are	incorrect in any way, line thr	ough incorrect in	nformation a	ınd enter e	correction below.	n n m ⁻ 11 €	OHIE	WENT	2001
		ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/17/1989						
					5. FEI Number Applied For					
City & State Ci		City & State	City & State				65-0141863		Not Applicable	
Zip Country Zip			Zip	Country		у	6. CERTIFICATE OF STATUS DESIRED (S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonpro	fit corpora	itions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
CD	FARRA, MIGUEL			2699 S BAYSHORE DR			COCONUT GROVE FL			
VCD	TEMLING, KERSTI			5940 SW 116TH STREET			MIAMI FL		-	
DT	KENNEDY, WAYNE			1133 MARIANA			MIAMI FL			
SD	SOLOMON, SARA			181 LEUCADENDRA DRIVE			CORAL GABLES FL			
D	DADY, ROBERT			200 S BISCAYNE BLVD SUITE 2100			MIAMI FL			
D	HALSEY, DOUG			200 S BISCAYNE BLD, Suite 4900		MIAMI FL				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
					Name Douglas M. Halsey					
FARRA, MIGUEL			•	Street Address (P.O. Roy Number is Not Acceptable)						
2699 S BAYSHORE DRIVE					Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Balevard					
COCONUT GROVE FL 33133			Suite, Apt. #, Etc.		490 & 000 0 47695446					
						City Mi	am i	****23		12352

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/28/

11. 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)(i), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

1/28/01

305-371-2700

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Daytime Phone #

CR2E040 (8/01)