## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations							FILED  04 OCT 21 AN II: 18					
DOCUMENT # N32358  1. Corporation Name Children's Foundation of Greater Miami, Inc.								1,2	SE! TAL	CRETART UP LAHASSEE, F	LORIDA	<i>‡</i>
	V. 15th Stre V. 15th Stre						,					
· · · · · · · · · · · · · · · · · · ·					3. Mailing 0 800 N.W.			REIN	STA	a e la		B-04
Suite, Apt. #, etc. Suite, Apt. #				etc.		Date Incorporated or Qualified     To Do Business in Florida 5-17-89						
City & State Miami, Florida					City & State Miami, Florida			5. FEI Number Applied For 650141863 Not Applied be Applied For Applicable				
<sup>Zip</sup> 33136	Country 6 Miami-Dade			Zip 33136		Country Miami-Dade	6. CERTIFICATI	OF STATI		Additional a Certificate	Fee required e of Status	
					7. N	lame and A	ddress of Current Regist	ered Agent				
	Name Douglas M. Halsey									<u> </u>	UBL  **29	7.50
	Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Boulevard				10/2			1001 2/04	042111 -01058006	08C	75	
	Suite, Apt. #, Etc. 4900						,					
•	<sup>City</sup> Miami								State FL	Zip Code 33131		
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.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date												
9. Names	and Street Addr	esses o	f Each Office	er and	or Director (Flo	rida nonpro	ofit corporations must list at	east 3 directors)	T .			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
CD	Miguel Farra			2699 S. Bayshore Drive			Coconut Grove, FL					
VCD	Kersti Temling			5940 SW 116th Street			Miami, FL					
DT	Wayne Kennedy					1821 NW Miami Gardens Drive			Miami, FL 33279			
SD	Sara Solomon					1643 Brickell Avenue, Apt. 4902			Miami, FL 33129			
D	Robert Dady					200 S. Biscayne Blvd., Suite 2100			Miami, FL 33131			
D	Doug Halsey			200 S. Biscavne Blvd., Suite 4999			Miami, FL 33131					

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 filling 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 quality 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 SIGNING OFFICER OR DIRECTOR

15/13/04

305-37/-2700

Daytime Phone #

CR2E081 (01/04)