

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001140

FILED  
Jun 12, 2007  
Secretary of State

Entity Name: SYMBIOSIS FOUNDATION, INC.

## Current Principal Place of Business:

8210 NW 27TH ST  
MIAMI, FL 33122

## New Principal Place of Business:

9151 ARVIDA LN  
CORAL GABLES, FL 33156

## Current Mailing Address:

8210 NW 27TH ST  
MIAMI, FL 33122

## New Mailing Address:

9151 ARVIDA LN  
CORAL GABLES, FL 33156

FEI Number: 65-0414696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALES, THOMAS O  
9151 ARVIDA LN  
CORAL GABLES, FL 33156 US

## Name and Address of New Registered Agent:

BALES, THOMAS O JR  
9151 ARVIDA LN  
CORAL GABLES, FL 33156 US

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: THOMAS O. BALES, JR

06/12/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BALES, THOMAS O. JR.  
Address: 9151 ARVIDA LANE  
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete  
Name: BOX, WILLIAM J  
Address: 300 LEUCADENDRA  
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete  
Name: SLATER, CHARLES R  
Address: 2350 SW 26 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: SMITH, KEVIN M  
Address: 570 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL 33156

## 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:

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: THOMAS O. BALES, JR.

P

06/12/2007

Electronic Signature of Signing Officer or Director

Date